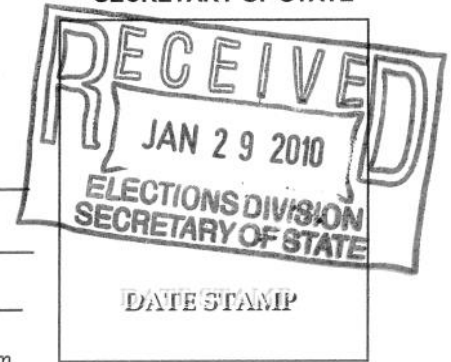


Candidate
Annual Report of Receipts and Disbursements
2009



Candidate's Name PHIL BRYANT
Full Address Post Office Box 5141 Brandon, MS 39047
Telephone 601-842-0920 Fax 601-992-4987
Contact Name Kathy Henry Email kathy@philbryant.com
Office Sought n/a Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

XXXX January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 527712+ \$ 18573	\$ 546,285	\$ 546,285
Total amount of disbursements	\$ 192093+ \$ 17345	\$ 209,438	\$ 209,438
Total amount of cash on hand		\$ 619,092	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Phil Bryant
Signature of Candidate

January 29, 2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Robert Applewhite	10/21/2009	\$500.00
Mailing Address: 208 E. Willie		
City, State, Zip: Poplarville, MS 39470		
Name of Employer (Required): Jerine's Guest Cottage		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Robert Applewhite	12/14/2009	\$500.00
Mailing Address: 208 E. Willie		
City, State, Zip: Poplarville, MS 39470		
Name of Employer (Required): Jerine's Guest Cottage		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Daniel Barfield	11/18/2009	\$500.00
Mailing Address: P. O. Box 1101		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Barfield & Associates		
Occupation (Required): accountant	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: David Beard	6/8/2009	\$250.00
Mailing Address: 722 Country Place Drive		
City, State, Zip: Pearl, MS 39208		
Name of Employer (Required): self		
Occupation (Required): real estate	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: J. Frank Betts	6/8/2009	\$250.00
Mailing Address: Post Office Box 16090		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required): Eubank & Betts, CPA		
Occupation (Required): CPA	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Ed Brunini, Jr.	10/21/2009	\$1,000.00
Mailing Address: Post Office Box 119		
City, State, Zip: Jackson, MS 39205		
Name of Employer (Required): Brunini, Grantham, Grower & Hewes		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. David Burckel	10/21/2009	\$2,500.00
Mailing Address: 67 Dover Trace		
City, State, Zip: Hattiesburg, MS 39401		
Name of Employer (Required): Southern Development Resources		
Occupation (Required): CEO	Aggregate year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mixon & Burt Insur. Agency, Inc	6/8/2009	\$250.00
Mailing Address: 225 Third Street		
City, State, Zip: McComb, MS 39648		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Rick J. Calhoon	6/8/2009	\$1,000.00
Mailing Address: 217 W. Capitol Street, Suite 201		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required): Pruet Oil Co.		
Occupation (Required): Managing Partner	Aggregate year-to-date	\$2,250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Rick J. Calhoon	11/9/2009	\$1,250.00
Mailing Address: 217 W. Capitol Street, Suite 201		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required): Pruet Oil Co.		
Occupation (Required): Managing Partner	Aggregate year-to-date	\$2,250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Frank Cannon	12/14/2009	\$250.00
Mailing Address: 528 Mockingbird Drive		
City, State, Zip: Long Beach, MS 39560		
Name of Employer (Required): retired		
Occupation (Required): Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gene Carlisle	12/29/2009	\$2,500.00
Mailing Address: 100 Peabody Suite 1100		
City, State, Zip: Memphis, TN 38103		
Name of Employer (Required): Carlisle Corporation		
Occupation (Required): CEO	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: C. W. Chapman	10/12/2009	\$500.00
Mailing Address: P. O. Box 550		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Retired		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Campaign Organization	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Pickering for Congress	9/16/2009	\$1,000.00
Mailing Address: 210 East Capitol Street, 1262		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Campaign Organization	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Pickering for Congress	12/21/2009	\$1,000.00
Mailing Address: 210 East Capitol Street, 1262		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. Beth Clay	8/3/2009	\$1,000.00
Mailing Address: 625 North State Street		
City, State, Zip: Jackson, MS 39205		
Name of Employer (Required): The Clay Firm		
Occupation (Required): Lobbyist	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Theo Costas, Jr.	12/15/2009	\$1,000.00
Mailing Address: Post Office Box 1349		
City, State, Zip: Jackson, MS 39205		
Name of Employer (Required): Southern Beverage		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. James Craig, Jr.	6/8/2009	\$250.00
Mailing Address: 2060 Spillway Rd.		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Self-Employed		
Occupation (Required): Realtor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Harold Cross	6/9/2009	\$250.00
Mailing Address: 724 Inheritance Place		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): retired		
Occupation (Required): retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sluggo Davis	7/17/2009	\$210.00
Mailing Address: 2406 Holly Springs Rd.		
City, State, Zip: Hernando, MS 38632		
Name of Employer (Required): DeSoto County		
Occupation (Required): Chancery Clerk	Aggregate year-to-date	\$210.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Gene Delcomyn	6/8/2009	\$1,000.00
Mailing Address: 109 Grandview Circle		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): BankPlus		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Rick Elam	10/14/2009	\$1,012.36
Mailing Address: 3805 Majestic Oaks Drive		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Ole Miss & Self-employment		
Occupation (Required): Prof & Consultant	Aggregate year-to-date	\$1,012.36
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Mark Fairchild	10/21/2009	\$2,500.00
Mailing Address: Post Office Box 15909		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): Fairchild Construction		
Occupation (Required): Owner	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: C. T. Finnegan	10/12/2009	\$2,500.00
Mailing Address: 1200 Velma Avenue		
City, State, Zip: Hattiesburg, MS 39401		
Name of Employer (Required): Finlo Construction Company		
Occupation (Required): Owner	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tyler H. Fletcher	7/30/2009	\$250.00
Mailing Address: 30 Crane Park		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): retired		
Occupation (Required): retired	Aggregate year-to-date	\$750.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tyler H. Fletcher	10/21/2009	\$500.00
Mailing Address: 30 Crane Park		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): retired		
Occupation (Required): retired	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. John Fullenwider	10/12/2009	\$1,000.00
Mailing Address: Post Office Box 2020		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): JPB Pathology		
Occupation (Required): Pathologist	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Harley Garrett, Jr.	10/16/2009	\$250.00
Mailing Address: 713 Davis Pointe		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): GTS		
Occupation (Required): VP	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Harley Garrett, Jr.	10/16/2009	\$250.00
Mailing Address: 713 Davis Pointe		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): GTS		
Occupation (Required): VP	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Frank Genzer	12/16/2009	\$1,000.00
Mailing Address: 145 Saint Jude		
City, State, Zip: Biloxi, MS 39530		
Name of Employer (Required): Self		
Occupation (Required): Architect	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Carol Gray	6/8/2009	\$250.00
Mailing Address: 150 Burnham Road		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Owner		
Occupation (Required): Land Development	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Griffing and Associates	6/9/2009	\$250.00
Mailing Address: Post Office Box 16509		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required): Griffing & Associates		
Occupation (Required): Insurance	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MMHA-PAC	7/16/2009	\$1,000.00
Mailing Address: Post Office Box 320369		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Russell Hawkins	6/9/2009	\$250.00
Mailing Address: 330 Lakewood Rd.		
City, State, Zip: Vicksburg, MS 39180		
Name of Employer (Required): May & Co.		
Occupation (Required): CPA	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Clare Hester	12/21/2009	\$1,000.00
Mailing Address: 148 Oakhurst Drive		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Capitol Resources		
Occupation (Required): Partner	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bill Hudson, Jr.	10/26/2009	\$2,500.00
Mailing Address: PO Box 711		
City, State, Zip: Hattiesburg, MS 39403		
Name of Employer (Required): Hudson Salvage Co.		
Occupation (Required): President	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. and Mrs. Gene Hutcheson	6/9/2009	\$1,000.00
Mailing Address: 760 Cedar Hill Road		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Jackson Heart Clinic		
Occupation (Required): Cardiologist	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: J. R. Jones	6/8/2009	\$250.00
Mailing Address: 6119 Waverly Drive		
City, State, Zip: Jackson, MS 39206		
Name of Employer (Required): American Express		
Occupation (Required): Investment Planner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Earl Jones	6/9/2009	\$250.00
Mailing Address: 1000 Fern Rd.		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): MMI		
Occupation (Required): Officer	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: New Republican Majority Fund	6/22/2009	\$10,000.00
Mailing Address: 201 North Union Street, # 530		
City, State, Zip: Alexandria, VA 22314		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$11,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: New Republican Majority Fund	9/10/2009	\$1,000.00
Mailing Address: 201 North Union Street, # 530		
City, State, Zip: Alexandria, VA 22314		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$11,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Alwyn H. Luckey	6/8/2009	\$1,000.00
Mailing Address: 101 Watersedge Lane		
City, State, Zip: Ocean Springs, MS 39564		
Name of Employer (Required): self		
Occupation (Required): attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John Lundy	9/16/2009	\$1,000.00
Mailing Address: 458 Greenwood Lane		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Capitol Resources		
Occupation (Required): Partner	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John Lundy	12/15/2009	\$500.00
Mailing Address: 458 Greenwood Lane		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Capitol Resources		
Occupation (Required): Partner	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: The Honorable Con Maloney	6/8/2009	\$1,000.00
Mailing Address: 1313 Harding Street		
City, State, Zip: Jackson, MS 39202		
Name of Employer (Required): Cowboy Maloney		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Rhoda Maloney			6/8/2009	\$250.00
Mailing Address: 228 Saint Andrews Dr.				
City, State, Zip: Jackson, MS 39211				
Name of Employer (Required): Cowboy Maloney				
Occupation (Required): retail marketing			Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Benchmark Construction Corp.			9/30/2009	\$1,000.00
Mailing Address: Post Office Box 31177				
City, State, Zip: Jackson, MS 39286				
Name of Employer (Required):				
Occupation (Required):			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: Indian Tribe	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Miss. Band of Choctaw Indians			6/8/2009	\$250.00
Mailing Address: 101 Choctaw Industrial Road				
City, State, Zip: Philadelphia, MS 39350				
Name of Employer (Required):				
Occupation (Required):			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: Medical Practice	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mayo Eye Center			10/16/2009	\$1,000.00
Mailing Address: 2890 S. Lamar Blvd.				
City, State, Zip: Oxford, MS 38655				
Name of Employer (Required): Mayo Eye Center				
Occupation (Required): Physician			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Lynn McMahan			10/21/2009	\$2,500.00
Mailing Address: 16 Chandeleur Point				
City, State, Zip: Hattiesburg, MS 39402				
Name of Employer (Required): Southern Eye Center				
Occupation (Required): surgeon			Aggregate year-to-date	\$2,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dennis Miller	12/14/2009	\$500.00
Mailing Address: Post Office Box 427		
City, State, Zip: Jackson, MS 39205		
Name of Employer (Required): Watkins, Ludlam, Winter, Stennis		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Oscar Miskelly	12/31/2009	\$1,000.00
Mailing Address: 513 Pine Hill Place		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): Miskelly Furniture		
Occupation (Required): Retail	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Judy and Bob Mixon	10/21/2009	\$5,000.00
Mailing Address: 1179 Old Hwy 24		
City, State, Zip: Sumrall, MS 39482		
Name of Employer (Required): Courtesy Motors, Inc.		
Occupation (Required): Auto Dealer	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Johnny Morgan	6/8/2009	\$1,000.00
Mailing Address: PO Box 309		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Morgan & White Insurance		
Occupation (Required): President	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Johnny Morgan	10/16/2009	\$1,000.00
Mailing Address: PO Box 309		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Morgan & White Insurance		
Occupation (Required): President	Aggregate year-to-date	\$2,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William D. Mounger	7/16/2009	\$5,000.00
Mailing Address: 3833 Old Canton Road		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required): Self		
Occupation (Required): Oil Investments	Aggregate year-to-date	\$7,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William D. Mounger	11/9/2009	\$2,500.00
Mailing Address: 3833 Old Canton Road		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required): Self		
Occupation (Required): Oil Investments	Aggregate year-to-date	\$7,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. James Moye	6/9/2009	\$250.00
Mailing Address: 17 Glenwood Drive		
City, State, Zip: Laurel, MS 39440		
Name of Employer (Required): retired		
Occupation (Required): retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Carl Nicholson	10/21/2009	\$2,500.00
Mailing Address: PO Drawer 15099		
City, State, Zip: Hattiesburg, MS 39404		
Name of Employer (Required): Nicholson & Co.		
Occupation (Required): CPA	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John Palmer	6/9/2009	\$1,000.00
Mailing Address: Post Office Box 3747		
City, State, Zip: Jackson, MS 39207		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Jim Payne	6/9/2009	\$500.00
Mailing Address: PO Box 1737		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Larry Payne	10/21/2009	\$2,500.00
Mailing Address: 9 North Heron Cove		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): Retired		
Occupation (Required): Tree Farmer	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: C. Ray and Cindy Phillips	6/8/2009	\$1,000.00
Mailing Address: 372 Sun Dial Road		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): self		
Occupation (Required): business/ homemaker	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Charles Porter	6/9/2009	\$1,000.00
Mailing Address: 1037A Lake Village Circle		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Porter Construction Inc.		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Billy Powell	12/29/2009	\$1,500.00
Mailing Address: 136 Swan Sea Lane		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Powell Petroleum		
Occupation (Required): President/Owner	Aggregate year-to-date	\$1,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lou Ann Poynter	10/21/2009	\$1,000.00
Mailing Address: 1010 South 34th Avenue		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): Magnolia Federal		
Occupation (Required): banking	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. E.B. Robinson, Jr.	6/8/2009	\$250.00
Mailing Address: 49 Eastbrooke		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Larry Simons	6/9/2009	\$250.00
Mailing Address: 302 Ridge Circle		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Century 21		
Occupation (Required): real estate	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Leland Speed	6/9/2009	\$250.00
Mailing Address: PO Box 22728		
City, State, Zip: Jackson, MS 39225		
Name of Employer (Required): Real Estate		
Occupation (Required): Investor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: James L. Stafford	10/21/2009	\$1,000.00
Mailing Address: PO Box 12165		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): Fitness Concepts		
Occupation (Required): owner	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Orland Stanford	8/12/2009	\$250.00
Mailing Address: 725 Hwy. 18 East		
City, State, Zip: Bay Springs, MS 39422		
Name of Employer (Required): HSI Corp		
Occupation (Required): Company President	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Floyd M. Sulser, Sr.	6/9/2009	\$250.00
Mailing Address: 205 Winged Foot Cir.		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Jerry Wilburn	11/30/2009	\$1,000.00
Mailing Address: PO Box 274		
City, State, Zip: Tupelo, MS 38802		
Name of Employer (Required): Wilburn Oil Company		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Carol Winfield	10/21/2009	\$1,000.00
Mailing Address: Post Office Box 290		
City, State, Zip: Starkville, MS 39759		
Name of Employer (Required): Mississippi State University		
Occupation (Required): Staff	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Steven E. Zachow	6/15/2009	\$250.00
Mailing Address: 410 West Wycombe		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): Radiation Oncology of Mississippi		
Occupation (Required): Physician	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: C. J. Edens, Jr.	6/19/2009	\$1,000.00
Mailing Address: Post Office Drawer 16522		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required): Assoc. Builders & Contractor		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: ENPAC Mississippi	7/16/2009	\$1,000.00
Mailing Address: Post Office Box 1640		
City, State, Zip: Jackson, MS 39215		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$3,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: ENPAC Mississippi	12/14/2009	\$2,500.00
Mailing Address: Post Office Box 1640		
City, State, Zip: Jackson, MS 39215		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$3,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Health Management Assoc.	8/3/2009	\$1,000.00
Mailing Address: 5903 Ridgewood Rd., #100		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Optometry for Progress	6/8/2009	\$1,000.00
Mailing Address: 141 Executive Drive, Suite 5		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Optometry for Progress	12/21/2009	\$1,000.00
Mailing Address: 141 Executive Drive, Suite 5		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tyson Foods, Inc.	8/12/2009	\$1,000.00
Mailing Address: 2210 West Oaklawn Drive		
City, State, Zip: Springdale, AR 72762		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Josh R. Gregory	9/11/2009	\$5,000.00
Mailing Address: 138 Waterwood Drive		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Frontier Strategies		
Occupation (Required): Advertising Executive	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Buddy Oliver	6/9/2009	\$250.00
Mailing Address: Post Office Box 716		
City, State, Zip: Jackson, MS 39205		
Name of Employer (Required): The Insurance Mart, Inc.		
Occupation (Required): insurance agent	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Andrew Stephenson	10/16/2009	\$500.00
Mailing Address: 706 E. Jackson Avenue		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Cherie Matthews		
Occupation (Required): real estate	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. J. V. Ferguson, Jr.	10/12/2009	\$500.00
Mailing Address: 3638 Lyles Dr		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Radiology Associates		
Occupation (Required): Physician	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. and Mrs. Roy N. Moore	8/12/2009	\$50.00
Mailing Address: 1000 Whispering Valley Cove		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$1,050.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. and Mrs. Roy N. Moore	10/26/2009	\$1,000.00
Mailing Address: 1000 Whispering Valley Cove		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$1,050.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Michael Overstreet	10/16/2009	\$500.00
Mailing Address: 902 Muirfield Dr		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Mike Overstreet Properties, LLC		
Occupation (Required): real estate - self	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Jimmy Rea	6/22/2009	\$500.00
Mailing Address: 1657 Old Whitfield Road		
City, State, Zip: Pearl, MS 39208		
Name of Employer (Required): Rea's Auto Sales		
Occupation (Required): auto auction	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Cecil McCrory	6/9/2009	\$300.00
Mailing Address: Post Office Box 69		
City, State, Zip: Brandon, MS 39043		
Name of Employer (Required): CCI		
Occupation (Required): Telcom	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Eric James	10/21/2009	\$1,000.00
Mailing Address: 18 Sycamore Circle		
City, State, Zip: Petal, MS 39465		
Name of Employer (Required): Sumrall Recycling		
Occupation (Required): owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Steven E. Moore	10/12/2009	\$1,000.00
Mailing Address: Post Office Box 2056		
City, State, Zip: Hattiesburg, MS 39403		
Name of Employer (Required): Moore Funeral Homes, Inc.		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Wesley Breland	10/21/2009	\$2,500.00
Mailing Address: 104 Danbury Lane		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): self		
Occupation (Required): real estate	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Douglas Rouse	8/12/2009	\$250.00
Mailing Address: 111 Bedford Road		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): Southern Bone & Joint		
Occupation (Required): orthopaedist	Aggregate year-to-date	\$2,750.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Douglas Rouse	10/21/2009	\$2,500.00
Mailing Address: 111 Bedford Road		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): Southern Bone & Joint		
Occupation (Required): orthopaedist	Aggregate year-to-date	\$2,750.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Ben Carmichael	10/21/2009	\$500.00
Mailing Address: 106 Colonial Place		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): Hattiesburg Clinic		
Occupation (Required): cardiologist	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Edward J. Langton	6/15/2009	\$250.00
Mailing Address: PO Box 15637		
City, State, Zip: Hattiesburg, MS 39404		
Name of Employer (Required): Grand Bank		
Occupation (Required): Banker	Aggregate year-to-date	\$2,750.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Edward J. Langton	10/21/2009	\$2,500.00
Mailing Address: PO Box 15637		
City, State, Zip: Hattiesburg, MS 39404		
Name of Employer (Required): Grand Bank		
Occupation (Required): Banker	Aggregate year-to-date	\$2,750.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: M. Patrick Nelson	7/17/2009	\$490.00
Mailing Address: P.O. Box 246		
City, State, Zip: Southaven, MS 38671		
Name of Employer (Required): Entergy		
Occupation (Required): Regional Vice-President	Aggregate year-to-date	\$490.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: J. R.'s Lawn Service	10/16/2009	\$500.00
Mailing Address: 290 Leroy Hill Rd		
City, State, Zip: Laurel, MS 39443		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: J. R.'s Lawn Service	11/24/2009	\$500.00
Mailing Address: 290 Leroy Hill Rd		
City, State, Zip: Laurel, MS 39443		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Richard C. Giannini	10/21/2009	\$250.00
Mailing Address: 234 W Canebrake Blvd		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): University of Southern MS		
Occupation (Required): Athletic Director	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Don Halle	12/16/2009	\$1,000.00
Mailing Address: 225 Cowan Rd		
City, State, Zip: Gulfport, MS 39507		
Name of Employer (Required): Gulf Properties		
Occupation (Required): Realtor/Builder	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Chevron Corporation	9/16/2009	\$1,000.00
Mailing Address: Post Office Box 1300		
City, State, Zip: Pascagoula, MS 39568		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Tim Ford	6/8/2009	\$1,000.00
Mailing Address: 20 Winterfield Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Balch-Bringham Attorney		
Occupation (Required): Partner/Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Power Co. PAC	6/9/2009	\$2,000.00
Mailing Address: Post Office Box 4079		
City, State, Zip: Gulfport, MS 39502		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$4,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Power Co. PAC	12/16/2009	\$2,500.00
Mailing Address: Post Office Box 4079		
City, State, Zip: Gulfport, MS 39502		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$4,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Paul Richard Lambert	10/26/2009	\$2,500.00
Mailing Address: 119 Hardy Street		
City, State, Zip: Hattiesburg, MS 39401		
Name of Employer (Required): Paul Richard Lambert PLLC		
Occupation (Required): Attorney	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. A.J.M. Oustalett, III	1/9/2009	\$1,000.00
Mailing Address: 11474 Stanton Circle		
City, State, Zip: Gulfport, MS 39503		
Name of Employer (Required): Oustalett Ford		
Occupation (Required): Car Dealership	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Julius Ridgway, Sr.	11/9/2009	\$1,000.00
Mailing Address: Post Office Box 16667		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required): Self-Employed		
Occupation (Required): Oil Explorer	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dudley J. Hughes	11/9/2009	\$1,000.00
Mailing Address: 2829 Lakeland Dr., Suite 1101		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): Self		
Occupation (Required): Geologist	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Myles Carpenter	10/21/2009	\$250.00
Mailing Address: 108 Saint Charles Avenue		
City, State, Zip: Starkville, MS 39759		
Name of Employer (Required): Retired		
Occupation (Required): Retired Election Comm.	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Albert C. Clark	10/21/2009	\$1,000.00
Mailing Address: Post Office Box 966		
City, State, Zip: Starkville, MS 39759		
Name of Employer (Required): C. C. Clark Inc.		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: James D. Wallace	10/21/2009	\$250.00
Mailing Address: 1087 Robin Drive		
City, State, Zip: Starkville, MS 39759		
Name of Employer (Required): Boardtown Builders		
Occupation (Required): Contractor/Consultant/Broker	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Ashby Foote	6/8/2009	\$250.00
Mailing Address: 3869 Lorange Road		
City, State, Zip: Clinton, MS 39056		
Name of Employer (Required): Vector Money Management		
Occupation (Required): President	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MNA PAC	6/8/2009	\$250.00
Mailing Address: 31 Woodgreen Place		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. David Brevard	11/9/2009	\$250.00
Mailing Address: Post Office Box 407		
City, State, Zip: Tupelo, MS 38802		
Name of Employer (Required): B&B Concrete Co., Inc		
Occupation (Required): President	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Douglas M. Wright, Jr.	6/8/2009	\$1,000.00
Mailing Address: 265 Country Road 263		
City, State, Zip: Saitillo, MS 38866		
Name of Employer (Required): Community Eldercare Services, In		
Occupation (Required): Executive	Aggregate year-to-date	\$1,250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Douglas M. Wright, Jr.	11/23/2009	\$250.00
Mailing Address: 265 Country Road 263		
City, State, Zip: Saitillo, MS 38866		
Name of Employer (Required): Community Eldercare Services, In		
Occupation (Required): Executive	Aggregate year-to-date	\$1,250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Wayne Parker	6/8/2009	\$1,000.00
Mailing Address: 6360 I-55 North, Suite 210		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Parker Enterprises		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Tommy E. Butler	12/31/2009	\$700.00
Mailing Address: 102 Farrington Place		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Home CPA		
Occupation (Required): accounting	Aggregate year-to-date	\$700.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Max Draughn	6/8/2009	\$1,000.00
Mailing Address: 152 Old Farm Road		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Hawthorne		
Occupation (Required): Pharmaceuticals	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gene B. Eason	6/8/2009	\$1,000.00
Mailing Address: 123 Norah's Mill Road		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Wave Foundation		
Occupation (Required): Director	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Morris Luke	6/9/2009	\$250.00
Mailing Address: 160 Old Farm Road		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): retired		
Occupation (Required): retired	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Bryan McDonald	9/16/2009	\$1,000.00
Mailing Address: 149 Selby Drive		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Home LLP		
Occupation (Required): CPA	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Bryan McDonald	12/15/2009	\$1,000.00
Mailing Address: 149 Selby Drive		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Home LLP		
Occupation (Required): CPA	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Thomas McDonnell	6/9/2009	\$250.00
Mailing Address: 4780-I-55 North, Suite 300		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Lefleur Transportation		
Occupation (Required): Owner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Hugh Parker	9/30/2009	\$1,000.00
Mailing Address: 120 Canterbury Place		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Home CPA		
Occupation (Required): Partner	Aggregate year-to-date	\$3,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Hugh Parker	12/31/2009	\$2,500.00
Mailing Address: 120 Canterbury Place		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Home CPA		
Occupation (Required): Partner	Aggregate year-to-date	\$3,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James Heidelberg	11/30/2009	\$1,000.00
Mailing Address: 1300 Driftwood Street		
City, State, Zip: Pascagoula, MS 39567		
Name of Employer (Required): Williams, Heidelberg, Seteinber.		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William M. Dye	10/12/2009	\$500.00
Mailing Address: 223 Saint Andrews Circle		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): self		
Occupation (Required): investor	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: K & J Enterprises LLC	10/16/2009	\$1,000.00
Mailing Address: 1936 University Avenue		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,120.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: K & J Enterprises LLC	10/14/2009	\$120.00
Mailing Address: 1936 University Avenue		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,120.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William Gottshall	10/16/2009	\$500.00
Mailing Address: 1440 South Lamar		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Lott Leadership		
Occupation (Required): Director	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. Paige Rayburn	10/12/2009	\$500.00
Mailing Address: 366 CR 102		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): The Yam Shoppe		
Occupation (Required): Owner	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Robert H. Dunlap	8/12/2009	\$1,000.00
Mailing Address: Post Office Box 720		
City, State, Zip: Batesville, MS 38606		
Name of Employer (Required): Dunlap & Kyle Co., Inc.		
Occupation (Required): C.E.O.	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Margaret and Tom Hall	10/16/2009	\$1,000.00
Mailing Address: 109 Glen Eagle		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Radiance Technologies		
Occupation (Required): Business	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Chan Patel	10/16/2009	\$1,000.00
Mailing Address: 5009 Bluff Cove		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): The Hampton Inn		
Occupation (Required): Manager	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Troy Johnston	6/22/2009	\$1,000.00
Mailing Address: 4636 Nottingham Road		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Harris & Geno PLLC		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Steve Pittman	9/16/2009	\$2,500.00
Mailing Address: 5345 Runnymede Road		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Holley & Associates		
Occupation (Required): attorney	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ross Aldridge	6/9/2009	\$250.00
Mailing Address: 384 Audubon Circle		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Aging Services		
Occupation (Required): division planner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Kelly Hardwick	8/17/2009	\$1,000.00
Mailing Address: 166 Planters Grove		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Self-Employed		
Occupation (Required): Consultant	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Richard McNeel	6/8/2009	\$250.00
Mailing Address: 2566 Lake Circle		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): JBHM Associates		
Occupation (Required): architect	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Comm. for a Clean Environment	12/21/2009	\$1,000.00
Mailing Address: 3000 North State Street		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. James Brumfield	6/8/2009	\$250.00
Mailing Address: 10007 Osyka-Progress Road		
City, State, Zip: Magnolia, MS 39652		
Name of Employer (Required): Coca Cola		
Occupation (Required): Vice President	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. John Taylor	6/9/2009	\$250.00
Mailing Address: 104 Hidden Heights		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Self		
Occupation (Required): restaurant	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Roy Ward	6/9/2009	\$250.00
Mailing Address: 4230 Quail Run Road		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Home CPA		
Occupation (Required): Chairman Emeritus	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Credit Union PAC	6/9/2009	\$1,000.00
Mailing Address: 1400 Lakeover Road, Suite 200		
City, State, Zip: Jackson, MS 39213		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Waymon Tigrett	6/9/2009	\$250.00
Mailing Address: 200 East Sunset Drive		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Brandon Discount Drugs		
Occupation (Required): pharmacist	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William W. Lampton	6/8/2009	\$1,000.00
Mailing Address: Post Office Box 2401		
City, State, Zip: Jackson, MS 39225		
Name of Employer (Required): Ergon		
Occupation (Required): Vice-President	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William W. Lampton	11/23/2009	\$1,000.00
Mailing Address: Post Office Box 2401		
City, State, Zip: Jackson, MS 39225		
Name of Employer (Required): Ergon		
Occupation (Required): Vice-President	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Leslie B. Lampton, III	11/23/2009	\$1,000.00
Mailing Address: Post Office Box 2401		
City, State, Zip: Jackson, MS 39225		
Name of Employer (Required): Ergon, Inc.		
Occupation (Required): President Marketing Division	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Richard Copeland	12/14/2009	\$500.00
Mailing Address: 105 Devereax Drive		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Copeland and Johns Contractors		
Occupation (Required): contractor	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: James Colmer	12/21/2009	\$250.00
Mailing Address: 2017 Beach Boulevard		
City, State, Zip: Pascagoula, MS 39567		
Name of Employer (Required): Heidelberg Steinberger		
Occupation (Required): attorney	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. John Travis	8/12/2009	\$250.00
Mailing Address: 111 Mockingbird Lane		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Travis Properties, LLC		
Occupation (Required): Owner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Ollie Dee Boykin	12/31/2009	\$1,000.00
Mailing Address: 3221 Ward Pineview Road		
City, State, Zip: Lucedale, MS 39452		
Name of Employer (Required): self		
Occupation (Required): accounting	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Norman E. Moore	12/31/2009	\$300.00
Mailing Address: 100 Foxgate Place		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Home CPA		
Occupation (Required): accounting	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. John D. Scott	12/31/2009	\$250.00
Mailing Address: 202 Hillside Street		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Home CPA		
Occupation (Required): Accounting	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Robert Ward	6/8/2009	\$250.00
Mailing Address: 3532 Newman Avenue		
City, State, Zip: Jackson, MS 39213		
Name of Employer (Required): requested		
Occupation (Required): requested	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. David Williams	12/31/2009	\$1,000.00
Mailing Address: 609 Spring Lake Drive		
City, State, Zip Pearl, MS 39208		
Name of Employer (Required) Home CPA		
Occupation (Required) accounting	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ray N. Long, Jr.	6/15/2009	\$350.00
Mailing Address: 4512 8th Avenue, Northwood		
City, State, Zip Meridian, MS 39305		
Name of Employer (Required) Long Wholesale		
Occupation (Required) wholesale grocer	Aggregate year-to-date	\$1,350.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ray N. Long, Jr.	8/27/2009	\$500.00
Mailing Address: 4512 8th Avenue, Northwood		
City, State, Zip Meridian, MS 39305		
Name of Employer (Required) Long Wholesale		
Occupation (Required) wholesale grocer	Aggregate year-to-date	\$1,350.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ray N. Long, Jr.	12/14/2009	\$500.00
Mailing Address: 4512 8th Avenue, Northwood		
City, State, Zip Meridian, MS 39305		
Name of Employer (Required) Long Wholesale		
Occupation (Required) wholesale grocer	Aggregate year-to-date	\$1,350.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Frank Hopper	11/9/2009	\$1,000.00
Mailing Address: Post Office Box 816		
City, State, Zip West Point, MS 39773		
Name of Employer (Required) Ellis Steel		
Occupation (Required) President	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John W. Crowell	10/21/2009	\$1,000.00
Mailing Address: Post Office Box 1827		
City, State, Zip: Columbus, MS 39703		
Name of Employer (Required): Nichols Crowell		
Occupation (Required): attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sam E. Long III	6/15/2009	\$350.00
Mailing Address: 600 Northwood Commons Drive		
City, State, Zip: Meridian, MS 39305		
Name of Employer (Required): Long Wholesale		
Occupation (Required): wholesale grocer	Aggregate year-to-date	\$850.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sam E. Long III	8/27/2009	\$500.00
Mailing Address: 600 Northwood Commons Drive		
City, State, Zip: Meridian, MS 39305		
Name of Employer (Required): Long Wholesale		
Occupation (Required): wholesale grocer	Aggregate year-to-date	\$850.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bruce Martin	12/14/2009	\$1,000.00
Mailing Address: 7070 Espey Road		
City, State, Zip: Meridian, MS 39305		
Name of Employer (Required): Meyer and Rosenbaum, Inc.		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Nick Ardillo	12/31/2009	\$1,000.00
Mailing Address: 273 Artesian Fields Lane		
City, State, Zip: Columbus, MS 39701		
Name of Employer (Required): EADS		
Occupation (Required): CEO	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Michael Putt	10/21/2009	\$250.00
Mailing Address: 598 Lakeshore Drive		
City, State, Zip: Columbus, MS 39701		
Name of Employer (Required): Rehab at Work		
Occupation (Required): physical therapist	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Williams Discount Grocery	10/21/2009	\$500.00
Mailing Address: 169 Forrest Glenn		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. and Mrs. Al Norville	6/9/2009	\$250.00
Mailing Address: 147 Rolling Meadows Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Norville Chiropractor Clinic		
Occupation (Required): Chiropractor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Warren Hood	11/9/2009	\$2,500.00
Mailing Address: Post Office Box 682		
City, State, Zip: Hattiesburg, MS 39403		
Name of Employer (Required): Hood Industries		
Occupation (Required): Chairman of the Board	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Thad Waites	10/12/2009	\$2,500.00
Mailing Address: 1017 Ricburg Road		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): Forest General Hospital		
Occupation (Required): Doctor	Aggregate year-to-date	\$2,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James D. Bryan	11/23/2009	\$1,000.00
Mailing Address: PO Drawer 636		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): Prairie Livestock		
Occupation (Required): Executive	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Milton O. Sundbeck	11/23/2009	\$1,000.00
Mailing Address: 8050 Town Creek Rd.		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): Southern Ionics		
Occupation (Required): President and CEO	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Stephen Greenhaw	10/21/2009	\$1,000.00
Mailing Address: 60019 Fairways Drive		
City, State, Zip: Amory, MS 38821		
Name of Employer (Required): William Carey College		
Occupation (Required): Board of Trustees	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Steve McKinney	10/21/2009	\$250.00
Mailing Address: Post Office Box 836		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): Galloway-Chandler-McKinney		
Occupation (Required): Insurance Agent	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Kyle Chandler III	10/21/2009	\$250.00
Mailing Address: PO Box 172		
City, State, Zip: Weir, MS 39772		
Name of Employer (Required): Galloway-Chandler-McKinney		
Occupation (Required): Independent Insurance Agent	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Clay B. Thames	10/21/2009	\$2,500.00
Mailing Address: 6284 U.S. Highway 98		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): Self		
Occupation (Required): Dentist	Aggregate year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Check into Cash of Miss, Inc.	7/22/2009	\$1,000.00
Mailing Address: Post Office Box 550		
City, State, Zip: Cleveland, TN 37364		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Advance America	7/22/2009	\$1,000.00
Mailing Address: 135 North Church Street		
City, State, Zip: Spartanburg, SC 29306		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Carson M. Hughes	7/31/2009	\$250.00
Mailing Address: 20 Carriage Court Place		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Telapex, Inc.		
Occupation (Required): Executive	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Quinton Dickerson	6/8/2009	\$250.00
Mailing Address: 221 Rolling Meadows		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): St. Dominics Hospital		
Occupation (Required): Doctor	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: BankPlus PAC	6/8/2009	\$1,000.00
Mailing Address: 1068 Highland Colong PKWY		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. George R. Rea, Jr.	8/14/2009	\$250.00
Mailing Address: PO Box 2090		
City, State, Zip: Meridian, MS 39301		
Name of Employer (Required): Rea, Shaw, Griggin & Stuart LLP		
Occupation (Required): CPA	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. George R. Rea, Jr.	12/14/2009	\$500.00
Mailing Address: PO Box 2090		
City, State, Zip: Meridian, MS 39301		
Name of Employer (Required): Rea, Shaw, Griggin & Stuart LLP		
Occupation (Required): CPA	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Rick Barry	12/15/2009	\$500.00
Mailing Address: 5022 - 5th Place		
City, State, Zip: Meridian, MS 39305		
Name of Employer (Required): Bourdeaux & Jones P.A.		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Hardy P. Graham, Sr.	12/15/2009	\$500.00
Mailing Address: Post Office Box 5207		
City, State, Zip: Meridian, MS 39302		
Name of Employer (Required): Meridian Coke		
Occupation (Required): Executive	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Harold S. Smith	8/3/2009	\$250.00
Mailing Address: 1203 Grand Blvd.		
City, State, Zip: Greenwood, MS 38930		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Deviney Construction Company	6/8/2009	\$1,000.00
Mailing Address: PO Box 6717		
City, State, Zip: Jackson, MS 39282		
Name of Employer (Required): Deviney Construction		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Howard Buford	7/30/2009	\$250.00
Mailing Address: 3329 Moncue Marble Road		
City, State, Zip: Terry, MS 39170		
Name of Employer (Required): Buford Plumbing		
Occupation (Required): Owner	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mechanical Systems Insulation Co	8/3/2009	\$500.00
Mailing Address: 8339 Highway 18		
City, State, Zip: Jackson, MS 39209		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: QC Holdings, Inc.	6/22/2009	\$1,000.00
Mailing Address: 9401 Indian Creek Pkwy Suite 1500		
City, State, Zip: Shawnee Mission, KS 66210		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Rodney A. Hunt	6/9/2009	\$250.00
Mailing Address: 971 Lakeland Drive		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required): Mississippi College		
Occupation (Required): Professor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Glynn A. Mallette	10/21/2009	\$1,000.00
Mailing Address: 3708 Highway 90		
City, State, Zip: Gautier, MS 39553		
Name of Employer (Required): Mallette Brothers		
Occupation (Required): President & CEO	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. James D. Fly	8/27/2009	\$500.00
Mailing Address: 148 North Shady Lane		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): MS Retina Associates, PA		
Occupation (Required): Physician	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James Wray Bush	8/3/2009	\$250.00
Mailing Address: PO Box 8327		
City, State, Zip: Laurel, MS 39441		
Name of Employer (Required): Bush Construction Co., Inc.		
Occupation (Required): Contractor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS Hospitality & Restaurant PAC	12/7/2009	\$1,000.00
Mailing Address: 130 Riverview Drive, Suite A		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Conrad Martin	6/8/2009	\$300.00
Mailing Address: 430 Highway 49S		
City, State, Zip: Jackson, MS 39218		
Name of Employer (Required): self		
Occupation (Required): real estate	Aggregate year-to-date	\$300.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Corso, Inc.	6/15/2009	\$250.00
Mailing Address: Post Office Box 488		
City, State, Zip: Biloxi, MS 39533		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Corso, Inc.	12/14/2009	\$250.00
Mailing Address: Post Office Box 488		
City, State, Zip: Biloxi, MS 39533		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. Bobbie Thomas	8/12/2009	\$250.00
Mailing Address: 105 Hardy Avenue		
City, State, Zip: Long Beach, MS 39560		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Assoc. of Realtors	7/16/2009	\$1,000.00
Mailing Address: PO Box 321000		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dudley J. Hughes	6/9/2009	\$250.00
Mailing Address: 2829 Lakeland Drive Suite 1670		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): Hughes South Corporation		
Occupation (Required): Geologist	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Independent RX PAC	12/15/2009	\$1,000.00
Mailing Address: 4209 Lakeland Drive, Suite 399		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Jerry St. Pe'	10/21/2009	\$1,000.00
Mailing Address: 806 Powells Point		
City, State, Zip: Gautier, MS 39553		
Name of Employer (Required): St. Pe' Associates, LLC		
Occupation (Required): Retired	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James L. Barksdale	6/22/2009	\$250.00
Mailing Address: 800 Woodlands Parkway Suite 118		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Barksdale Corp.		
Occupation (Required): President & CEO	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Herman Hollensend, Jr.	10/21/2009	\$1,000.00
Mailing Address: 6068 US HWY 98 West Suite 1313		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): BryanNelson P.A.		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Joe F. Tatum	10/21/2009	\$500.00
Mailing Address: 11 Parkway Blvd		
City, State, Zip: Hattiesburg, MS 39401		
Name of Employer (Required): Tatum Development		
Occupation (Required): Professional Engineer	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. W. R. Webb	6/9/2009	\$250.00
Mailing Address: 134 Marion Avenue		
City, State, Zip: McComb, MS 39648		
Name of Employer (Required): Self-Employed		
Occupation (Required): Chiropractor	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: McClain, McClain, McClain, Inc.	6/9/2009	\$250.00
Mailing Address: PO Box 2128		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. William K. Ray	10/21/2009	\$1,000.00
Mailing Address: 1 North Point		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): Methodist Hospital		
Occupation (Required): Administrator	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Truitt M. Grubbs, Sr.	6/9/2009	\$250.00
Mailing Address: 41 Crossgates Drive		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Community Bank		
Occupation (Required): Community Relations	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Outdoor Advertising Association			6/9/2009	\$1,000.00
Mailing Address: Post Office Box 8218				
City, State, Zip: Jackson, MS 39204				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Delta Industries, Inc.			8/14/2009	\$1,000.00
Mailing Address: P.O. Drawer 1292				
City, State, Zip: Jackson, MS 39215				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Harry Spooner			11/9/2009	\$1,000.00
Mailing Address: 625 Highland Colony Pkwy				
City, State, Zip: Ridgeland, MS 39157				
Name of Employer (Required): Self-Employed Spooner Oil				
Occupation (Required): Oil			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. H. Vaughan Watkins, Jr.			11/23/2009	\$500.00
Mailing Address: 446 Cheyenne Lane				
City, State, Zip: Madison, MS 39130				
Name of Employer (Required): self				
Occupation (Required): oil and gas			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Charles Williams, Jr.			11/9/2009	\$1,000.00
Mailing Address: 111 Bradford Green				
City, State, Zip: Madison, MS 39110				
Name of Employer (Required): Vaughey & Vaughey LLC				
Occupation (Required): Petroleum Consultant			Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Fred Tatum	7/30/2009	\$250.00
Mailing Address: 157 Timberton Drive		
City, State, Zip: Hattiesburg, MS 39401		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James B. Furrh, Jr.	7/30/2009	\$250.00
Mailing Address: 4015 Boxwood Circle		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Self-Employed		
Occupation (Required): Oil & Gas Exploration	Aggregate year-to-date	\$2,250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James B. Furrh, Jr.	6/8/2009	\$1,000.00
Mailing Address: 4015 Boxwood Circle		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Self-Employed		
Occupation (Required): Oil & Gas Exploration	Aggregate year-to-date	\$2,250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James B. Furrh, Jr.	11/9/2009	\$1,000.00
Mailing Address: 4015 Boxwood Circle		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Self-Employed		
Occupation (Required): Oil & Gas Exploration	Aggregate year-to-date	\$2,250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: PS, LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: London Stetelman Realtors	10/21/2009	\$5,000.00
Mailing Address: 1715 Hardy Street		
City, State, Zip: Hattiesburg, MS 39403		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$5,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ben Stone	12/16/2009	\$1,000.00
Mailing Address: 1310 Twenty Fifth Avenue		
City, State, Zip: Gulfport, MS 39501		
Name of Employer (Required): self		
Occupation (Required): attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Comcast Corporation PAC	12/7/2009	\$5,000.00
Mailing Address: 1701 JFK Boulevard		
City, State, Zip: Philadelphia, PA 19103		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: LEN PAC	6/8/2009	\$5,000.00
Mailing Address: 3 Lakeland Circle, Suite 201		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Baker Donelson Mississippi PAC	12/21/2009	\$1,000.00
Mailing Address: PO Box 14167		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bancorpsouth Bank PAC	11/23/2009	\$1,000.00
Mailing Address: PO Box 789		
City, State, Zip: Tupelo, MS 38802		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bancorpsouth Bank PAC	12/16/2009	\$500.00
Mailing Address: PO Box 789		
City, State, Zip: Tupelo, MS 38802		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tony and Susan Geiger	8/17/2009	\$250.00
Mailing Address: 1776 Plantation Boulevard		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required) self		
Occupation (Required) salesman	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tony and Susan Geiger	8/27/2009	\$100.00
Mailing Address: 1776 Plantation Boulevard		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required) self		
Occupation (Required) salesman	Aggregate year-to-date	\$350.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MISSCO Corporation	12/15/2009	\$1,000.00
Mailing Address: 2510 Lakeland Terrace, Suite 100		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dana Sharp Stringer	7/31/2009	\$1,000.00
Mailing Address: 104 Boxwood Cove		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required)		
Occupation (Required) homemaker	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: ATMOS Energy PAC	7/31/2009	\$2,500.00
Mailing Address: 5430 LBJ Freeway, Suite 1800		
City, State, Zip: Dallas, TX 75240		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Electric Power Assoc. of MS PAC	8/12/2009	\$2,500.00
Mailing Address: Post Office Box 3300		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Howard Catchings	6/8/2009	\$250.00
Mailing Address: PO Box 248		
City, State, Zip: Jackson, MS 39205		
Name of Employer (Required): HCEDD		
Occupation (Required): President Board of Trustees	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dianne L. Falkner	10/14/2009	\$350.00
Mailing Address: PO Box 254		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Mimosa Flowers and Gifts		
Occupation (Required): Owner	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Howard C. Friday, M.D.	6/22/2009	\$250.00
Mailing Address: 4019 Old Canton Road		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required): Internal Medicine Doctor		
Occupation (Required): Physician	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Alfred Pace	11/2/2009	\$500.00
Mailing Address: PO Box 277		
City, State, Zip: Magee, MS 39111		
Name of Employer (Required): Pace Oil Co., Inc.		
Occupation (Required): Wholesale Petroleum	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Sportsplus, LLC	12/16/2009	\$250.00
Mailing Address: 5901 Oak Bayou Lane		
City, State, Zip: Ocean Springs, MS 39564		
Name of Employer (Required): educator		
Occupation (Required): retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Delta Sanitation of MS, LLC	10/21/2009	\$20,000.00
Mailing Address: PO Box 669		
City, State, Zip: Ocean Springs, MS 39566		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$20,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Steven M. Palazzo	12/16/2009	\$1,000.00
Mailing Address: PO Box 6888		
City, State, Zip: Gulfport, MS 39506		
Name of Employer (Required): Self-Employed		
Occupation (Required): CPA	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. W. Gregg Cowser	11/9/2009	\$250.00
Mailing Address: P.O. Box 789		
City, State, Zip: Tupelo, MS 38802		
Name of Employer (Required): BancorpSouth		
Occupation (Required): Banker	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: W. G. Holliman	11/23/2009	\$250.00
Mailing Address: 4452 Lakewood		
City, State, Zip: Belden, MS 38826		
Name of Employer (Required): Furniture Brands International		
Occupation (Required): CEO	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Charles G. Gates	6/8/2009	\$250.00
Mailing Address: PO Box 22787		
City, State, Zip: Jackson, MS 39225		
Name of Employer (Required): Self-Employed		
Occupation (Required): Oil Producer	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Charles G. Gates	11/9/2009	\$500.00
Mailing Address: PO Box 22787		
City, State, Zip: Jackson, MS 39225		
Name of Employer (Required): Self-Employed		
Occupation (Required): Oil Producer	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Non-profit Association	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: American Council of Engineering	6/8/2009	\$1,000.00
Mailing Address: 2084 Dunbarton Drive		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,200.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Non-profit Association	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: American Council of Engineering	8/27/2009	\$200.00
Mailing Address: 2084 Dunbarton Drive		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,200.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Brian Cain	12/21/2009	\$1,000.00
Mailing Address: 16411 Robinson Road		
City, State, Zip: Gulfport, MS 39501		
Name of Employer (Required): Lakeview Healthcare, Inc.		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Association	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Entertainment Software Assoc.	12/21/2009	\$1,000.00
Mailing Address: 575 7th Street NW, Suite 300		
City, State, Zip: Washington, DC 20004		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Kelly S. Segars, Sr.	8/12/2009	\$1,000.00
Mailing Address: 52 CR 150		
City, State, Zip: Iuka, MS 38852		
Name of Employer (Required): retired		
Occupation (Required): retired	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Kelly S. Segars, Sr.	9/2/2009	\$500.00
Mailing Address: 52 CR 150		
City, State, Zip: Iuka, MS 38852		
Name of Employer (Required): retired		
Occupation (Required): retired	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. & Mrs. Joseph McNulty III	6/9/2009	\$250.00
Mailing Address: PO Box 785		
City, State, Zip: Magee, MS 39111		
Name of Employer (Required): Pioneer Health Services		
Occupation (Required): President & CEO	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. N. L. Carson	6/8/2009	\$250.00
Mailing Address: 2220 Waggoner Road		
City, State, Zip: Carthage, MS 39051		
Name of Employer (Required): N. L. Carson Const. Co. Inc.		
Occupation (Required): Contractor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: T.O. Moffatt	6/9/2009	\$500.00
Mailing Address: 1510 Oldfield Drive		
City, State, Zip: Gautier, MS 39553		
Name of Employer (Required): State of Mississippi		
Occupation (Required): Senator	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Stanley P. Presley	12/16/2009	\$250.00
Mailing Address: 10523 Goodes Mill Lake Road		
City, State, Zip: Moss Point, MS 39562		
Name of Employer (Required): WEI		
Occupation (Required): Engineer	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: US Oil and Gas Association PAC	11/24/2009	\$1,000.00
Mailing Address: 513 North State Street, Suite 20		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. J. Dwight Dyess	10/21/2009	\$250.00
Mailing Address: 618 Main Street		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): BancorpSouth		
Occupation (Required): Commercial Banker	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLP	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Adams and Reese LLP	6/15/2009	\$250.00
Mailing Address: Post Office Box 24297		
City, State, Zip: Jackson, MS 39225		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Harrell Contracting Group, LLC	12/15/2009	\$1,000.00
Mailing Address: Post Office Box 12850		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: A. Patrick Busby	6/9/2009	\$250.00
Mailing Address: 10 Winterfield Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Diversified Technology Inc.		
Occupation (Required): President	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: T. H. Kendall, III	6/9/2009	\$250.00
Mailing Address: Post Office Box 96		
City, State, Zip: Bolton, MS 39041		
Name of Employer (Required): The Gadis Farms		
Occupation (Required): Farmer	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Bradford J. Dye III	10/16/2009	\$750.00
Mailing Address: 904 S. 11th Street		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Self-Employed		
Occupation (Required): Dentist	Aggregate year-to-date	\$750.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tower Loan			6/8/2009	\$1,000.00
Mailing Address: PO Box 320001				
City, State, Zip: Jackson, MS 39232				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: First Tower Loan, Inc.			6/8/2009	\$1,000.00
Mailing Address: Post Office Box 320001				
City, State, Zip: Jackson, MS 39232				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: First Heritage Credit, LLC			6/8/2009	\$500.00
Mailing Address: 605 Crescent Blvd. Suite 101				
City, State, Zip: Ridgeland, MS 39157				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Thomas K. Armstrong			11/9/2009	\$1,000.00
Mailing Address: PO Box 2299				
City, State, Zip: Natchez, MS 39121				
Name of Employer (Required): The Armstrong Fund				
Occupation (Required): President			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Senator Billy Hewes			6/8/2009	\$1,000.00
Mailing Address: 11497 Highway 49				
City, State, Zip: Gulfport, MS 39503				
Name of Employer (Required): State of MS				
Occupation (Required): Senator			Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: J. Thomas Evans	8/14/2009	\$500.00
Mailing Address: 496 Windsor Drive		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Delta Industries		
Occupation (Required): Executive	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: TL Wallace Construction Inc.	12/14/2009	\$1,000.00
Mailing Address: PO Box 523		
City, State, Zip: Columbia, MS 39429		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Michal Spooner	11/9/2009	\$1,000.00
Mailing Address: 625 Highland Colony Pkwy		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Spooner Petroleum Co.		
Occupation (Required): Manager	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Vision Exploration, LLC	11/30/2009	\$1,000.00
Mailing Address: 751 Avignon Drive Suite B		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tenrgys, LLC	11/23/2009	\$1,000.00
Mailing Address: 602 Crescent Place Suite 100		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Spectra Energy Corp. PAC	10/28/2009	\$2,000.00
Mailing Address: Post Office Box 1642		
City, State, Zip: Houston, TX 77251		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLP	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Adams and Reese, LLP	11/26/2009	\$500.00
Mailing Address: Post Office Box 24297		
City, State, Zip: Jackson, MS 39225		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William R. James	6/8/2009	\$1,000.00
Mailing Address: 217 W. Capitol Street Suite 201		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required): Pruet Production Co.		
Occupation (Required): Partner	Aggregate year-to-date	\$2,250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William R. James	11/9/2009	\$1,250.00
Mailing Address: 217 W. Capitol Street Suite 201		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required): Pruet Production Co.		
Occupation (Required): Partner	Aggregate year-to-date	\$2,250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Southern Natural Gas Company	9/16/2009	\$1,000.00
Mailing Address: PO Box 2563		
City, State, Zip: Birmingham, AL 35202		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. John Scarbrough	10/21/2009	\$250.00
Mailing Address: 301 Plantation Drive		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required): CECO Building Systems		
Occupation (Required): President, Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Nancy Martin & Bobby Graham MD	8/12/2009	\$500.00
Mailing Address: 2306 Twin Lakes Circle		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Jackson Oncology Assoc. PLLC		
Occupation (Required): Physicians	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Denbury Onshore LLC	11/23/2009	\$1,000.00
Mailing Address: 5100 Tennyson Parkway, Suite 1200		
City, State, Zip: Plano, TX 75024		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Michael G. Kanosky, M.D.	8/3/2009	\$250.00
Mailing Address: 2550 Flowood Drive Suite 200		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): Plastic & Hand Surgery Assoc.		
Occupation (Required): Physician	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Oliver L. Phillips	10/21/2009	\$1,000.00
Mailing Address: 101 Arrington Blvd.		
City, State, Zip: Columbus, MS 39702		
Name of Employer (Required): TE Lott & Co.		
Occupation (Required): CPA	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Don R. Shelton	10/21/2009	\$1,000.00
Mailing Address: PO Box 1011		
City, State, Zip: Columbus, MS 39703		
Name of Employer (Required): Trans Power Corp.		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gregory C. Rader	10/21/2009	\$1,000.00
Mailing Address: PO Box 8670		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required): Self-Employed		
Occupation (Required): Businessman	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: West Brothers Construction, Inc.	10/21/2009	\$1,000.00
Mailing Address: 5716 Highway 182 East		
City, State, Zip: Columbus, MS 39702		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Doris Hardy & Associates, LLC	10/21/2009	\$1,000.00
Mailing Address: Post Office Box 9240		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Kenneth D. Dill ,Sr.	10/21/2009	\$1,000.00
Mailing Address: 1331 S. Eshman Ave		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): Retired		
Occupation (Required): Retired Mayor	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Chiropractors PAC	6/8/2009	\$1,000.00
Mailing Address: 5844 Ridgewood Road		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: PCI Political Account	12/14/2009	\$500.00
Mailing Address: 215 South Monroe Street, Ste 830		
City, State, Zip: Tallahassee, FL 32301		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Michael B. Wallace	6/9/2009	\$250.00
Mailing Address: 318 Hillview Drive		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Phelps-Dunbar		
Occupation (Required): Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bill Russell	10/26/2009	\$250.00
Mailing Address: PO Box 9180		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required): Premier Ford, Lin, Mer, Inc		
Occupation (Required): Owner	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gulf Guaranty Life Insurance Co.	6/8/2009	\$1,000.00
Mailing Address: PO Box 12409		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: James W. Davis	10/16/2009	\$500.00
Mailing Address: 6 Highland Place		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): University of Mississippi		
Occupation (Required): Professor	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Anna and Al Puckett	10/21/2009	\$1,000.00
Mailing Address: Post Office Box 9630		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required): Columbus Brick		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: PHRMA	12/24/2009	\$1,000.00
Mailing Address: 630 Lakeland Drive		
City, State, Zip: Washington, DC 20004		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Maxwell M. Wells	6/8/2009	\$250.00
Mailing Address: 150 Glenfield Road		
City, State, Zip: Canton, MS 39046		
Name of Employer (Required): State of Miss.		
Occupation (Required): Staff	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Maxwell M. Wells	8/13/2009	\$500.00
Mailing Address: 150 Glenfield Road		
City, State, Zip: Canton, MS 39046		
Name of Employer (Required): State of Miss.		
Occupation (Required): Staff	Aggregate year-to-date	\$750.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: AstraZeneca Services	11/9/2009	\$700.00
Mailing Address: 7516 Jeannette Street		
City, State, Zip: Wilmington, DE 19850		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$700.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bayer HealthCare	10/28/2009	\$1,000.00
Mailing Address: 444 Pembroke Drive		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Peter F. Wilson	8/12/2009	\$250.00
Mailing Address: 453 Carmague Lane		
City, State, Zip: Biloxi, MS 39531		
Name of Employer (Required): Bancorp South		
Occupation (Required): Financial Services	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Centene Management Co., LLC	12/10/2009	\$1,000.00
Mailing Address: 135 South LaSalle Street		
City, State, Zip: Chicago, IL 60603		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: General Electric Company	12/15/2009	\$1,000.00
Mailing Address: 1122 Colorado		
City, State, Zip: Austin, TX 78701		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS Bankers Association PAC	12/31/2009	\$1,000.00
Mailing Address: PO Box 1091		
City, State, Zip: Jackson, MS 39215		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Hancock Bank	12/7/2009	\$1,000.00
Mailing Address: PO Box 4019		
City, State, Zip: Gulfport, MS 39502		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Takeda North America	12/21/2009	\$500.00
Mailing Address: 39483 Bay Drive		
City, State, Zip: Ponchatoula, LA 70454		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Larry Albert	10/21/2009	\$2,500.00
Mailing Address: 701 Adeline Street		
City, State, Zip: Hattiesburg, MS 39401		
Name of Employer (Required): Albert & Associates Architect		
Occupation (Required): Architect	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Kinetic Staffing LLC	6/9/2009	\$250.00
Mailing Address: PO Box 55914		
City, State, Zip: Jackson, MS 39296		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Thomas G. Gresham	6/8/2009	\$250.00
Mailing Address: 105 E Gresham Street		
City, State, Zip Indianola, MS 38751		
Name of Employer (Required) Double Quick		
Occupation (Required) CEO	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: W. W. Gresham, III	6/8/2009	\$250.00
Mailing Address: PO Box 690		
City, State, Zip Indianola, MS 38751		
Name of Employer (Required) Gresham Petroleum		
Occupation (Required) Owner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bill Hawks	4/29/2009	\$1,000.00
Mailing Address: 1004 E. Capitol N.E.		
City, State, Zip Washington, DC 20003		
Name of Employer (Required) Ag Works Solutions		
Occupation (Required) Consultant	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. and Mrs. Shelby Thames	10/21/2009	\$2,500.00
Mailing Address: 37 Bocage Road		
City, State, Zip Hattiesburg, MS 39402		
Name of Employer (Required) University of Southern MS		
Occupation (Required) Former President	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. and Mrs. Timothy Cole	10/21/2009	\$500.00
Mailing Address: 1 Quail Hollow Road		
City, State, Zip Hattiesburg, MS 39402		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician (Pathologist)	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Georgia-Pacific LLC	11/23/2009	\$1,000.00
Mailing Address: PO Box 45067		
City, State, Zip Jacksonville, FL 32232		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mike Lynn	8/12/2009	\$1,000.00
Mailing Address: 300 West Chulahoma Avenue		
City, State, Zip Holly Springs, MS 38635		
Name of Employer (Required) Oxford University Club		
Occupation (Required) President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Cooper A. McIntosh M.D.	11/18/2009	\$1,000.00
Mailing Address: 906 Muirfield Drive		
City, State, Zip Oxford, MS 38655		
Name of Employer (Required) Internal Medician Association		
Occupation (Required) Physician	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Robert A. Denton	10/16/2009	\$500.00
Mailing Address: 3628 Lyles Drive		
City, State, Zip Oxford, MS 38655		
Name of Employer (Required) self		
Occupation (Required) Farmer	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Barbara Ousby	6/8/2009	\$250.00
Mailing Address: Post Office Box 2816		
City, State, Zip Madison, MS 39130		
Name of Employer (Required) C & B Enterprises Inc.		
Occupation (Required) Vice President	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: CenturyTel, Inc.			11/24/2009	\$500.00
Mailing Address: PO Box 4065				
City, State, Zip: Monroe, LA 71211				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bay Springs Telephone Co., Inc.			11/24/2009	\$500.00
Mailing Address: PO Box 409				
City, State, Zip: Bay Springs, MS 39422				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sunflower Enterprises			11/24/2009	\$500.00
Mailing Address: PO Box 68				
City, State, Zip: Sunflower, MS 38778				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$750.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sunflower Enterprises			11/30/2009	\$250.00
Mailing Address: PO Box 68				
City, State, Zip: Sunflower, MS 38778				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Paul R. Lambert			11/24/2009	\$500.00
Mailing Address: 119 Hardy St				
City, State, Zip: Hattiesburg, MS 39401				
Name of Employer (Required): Paul Richard Lambert PLLC				
Occupation (Required): Attorney			Aggregate year-to-date	\$1,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Paul R. Lambert	12/16/2009	\$1,000.00
Mailing Address: 119 Hardy St		
City, State, Zip: Hattiesburg, MS 39401		
Name of Employer (Required): Paul Richard Lambert PLLC		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Hayes Dent Public Strat., LLC	8/17/2009	\$250.00
Mailing Address: 120 N. Congress Street Suite 900		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. David Watkins	12/30/2009	\$500.00
Mailing Address: 3668 Cavalier Drive		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required): Self		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Dental Practice	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Hal Haney DMD Family Dentistry	10/12/2009	\$500.00
Mailing Address: 2156 South Lamar Boulevard		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: The GEO Group - PAC	6/9/2009	\$2,500.00
Mailing Address: 621 N.W. 53rd Street		
City, State, Zip: Boca Raton, FL 33487		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Mark G. Alexander	10/21/2009	\$250.00
Mailing Address: PO Box 8769		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required): Self		
Occupation (Required): Business Owner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Hal D. Miller, III	6/9/2009	\$250.00
Mailing Address: Post Office Box 1123		
City, State, Zip: Jackson, MS 39215		
Name of Employer (Required): Miller Transporters, Inc.		
Occupation (Required): Executive VP	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Allen Beverages, Inc.	9/2/2009	\$500.00
Mailing Address: Post Office Box 2037		
City, State, Zip: Gulfport, MS 39505		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Benny Lassiter	10/21/2009	\$1,000.00
Mailing Address: 17717 John Cumbest Road		
City, State, Zip: Moss Point, MS 39562		
Name of Employer (Required): self		
Occupation (Required): real estate	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. W. J. Neal	8/12/2009	\$250.00
Mailing Address: PO Box 1077		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required): Self Employed		
Occupation (Required): Requested	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Ronald Wanek	6/8/2009	\$1,000.00
Mailing Address: 814 Vinoy Place		
City, State, Zip: Saint Petersburg, FL 33701		
Name of Employer (Required): Ashley Furniture		
Occupation (Required): Chairman of the board	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joe Trulove	10/26/2009	\$1,000.00
Mailing Address: 2287 White Arches Cove		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): West Point Casket		
Occupation (Required): owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: B.J. Byars	6/8/2009	\$1,000.00
Mailing Address: 3742 River Pine Drive		
City, State, Zip: Moss Point, MS 39563		
Name of Employer (Required): requested		
Occupation (Required): requested	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Northrop Grumman	11/9/2009	\$1,000.00
Mailing Address: Post Office Box 149		
City, State, Zip: Pascagoula, MS 39568		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Abbott Laboratories Employee PAC	11/9/2009	\$400.00
Mailing Address: 100 Abbott Park Road		
City, State, Zip: North Chicago, IL 60064		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$400.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: AT&T Mississippi PAC	6/9/2009	\$5,000.00
Mailing Address: 175 E. Capital Street, Room 702		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jim Herring	6/9/2009	\$250.00
Mailing Address: 232 E. Semmes		
City, State, Zip: Canton, MS 39046		
Name of Employer (Required): Herring, Long & Crews PC		
Occupation (Required): attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ind. Ins. Agents of MS	6/8/2009	\$1,000.00
Mailing Address: 124 Riverview		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: GSENA PAC	12/21/2009	\$1,000.00
Mailing Address: 1990 Post Oak Boulevard, #1900		
City, State, Zip: Houston, TX 77056		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Cloyd and Associates LLC	12/16/2009	\$1,000.00
Mailing Address: 4406 Audubon Trail		
City, State, Zip: Biloxi, MS 39532		
Name of Employer (Required): self		
Occupation (Required): real estate	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Michael Fritz	12/16/2009	\$500.00
Mailing Address: Post Office Box 2001		
City, State, Zip: Ocean Springs, MS 39566		
Name of Employer (Required): Fritz Development LLC		
Occupation (Required): Real Estate Development	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Mobashir Solangi	12/16/2009	\$1,000.00
Mailing Address: 8288 Jennifer Lane		
City, State, Zip: Long Beach, MS 39560		
Name of Employer (Required): self		
Occupation (Required): physician	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Monsanto Company	9/30/2009	\$1,000.00
Mailing Address: 1208 Alcovy Bluff Drive		
City, State, Zip: Monroe, GA 30656		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. L. Forrest Berry	6/8/2009	\$1,000.00
Mailing Address: Post Office Box 9998		
City, State, Zip: Jackson, MS 39286		
Name of Employer (Required): Laurel Fuel Company		
Occupation (Required): CEO	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. L. Forrest Berry	11/23/2009	\$1,000.00
Mailing Address: Post Office Box 9998		
City, State, Zip: Jackson, MS 39286		
Name of Employer (Required): Laurel Fuel Company		
Occupation (Required): CEO	Aggregate year-to-date	\$2,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Build PAC Fund	6/9/2009	\$2,500.00
Mailing Address: Post Office Box 3556		
City, State, Zip: Jackson, MS 39207		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$4,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Build PAC Fund	12/14/2009	\$2,000.00
Mailing Address: Post Office Box 3556		
City, State, Zip: Jackson, MS 39207		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$4,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sherwood R. Bailey, Jr.	12/8/2009	\$1,000.00
Mailing Address: Post Office Box 6056		
City, State, Zip: Gulfport, MS 39506		
Name of Employer (Required): self		
Occupation (Required): Real Estate	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Exxon Mobil	11/30/2009	\$1,000.00
Mailing Address: Post Office Box 551		
City, State, Zip: Baton Rouge, LA 70821		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Larry L. Johnson	6/8/2009	\$5,000.00
Mailing Address: Post Office Box 12004		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required): Self		
Occupation (Required): Real Estate	Aggregate year-to-date	\$5,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Robert Watson	6/8/2009	\$2,500.00
Mailing Address: 6130 I-55 North		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Watson Quality Ford		
Occupation (Required): Owner	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John Dane III	8/14/2009	\$1,000.00
Mailing Address: 4 Bayou Place		
City, State, Zip: Gulfport, MS 39503		
Name of Employer (Required): Trinity Yachts		
Occupation (Required): yacht builder	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Eutaw Construction Company, Inc.	10/21/2009	\$1,000.00
Mailing Address: Post Office Box 36		
City, State, Zip: Aberdeen, MS 39730		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gulf States Toyota, Inc.	10/21/2009	\$1,000.00
Mailing Address: 109 N. Post Oak Lane #600		
City, State, Zip: Houston, TX 77024		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gulfco of Mississippi, Inc.	6/8/2009	\$1,000.00
Mailing Address: 1223 Pass Road		
City, State, Zip: Gulfport, MS 39506		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Heath Hall	7/16/2009	\$1,000.00
Mailing Address: 303 Long Cove Drive		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Technology Alliance		
Occupation (Required): editor	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ronald G. Applewhite	12/31/2009	\$250.00
Mailing Address: 320 Sherborne Place		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): Home LLP		
Occupation (Required): CPA	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: A and B Equipment Company, Inc.	6/8/2009	\$250.00
Mailing Address: Post Office Box 2585		
City, State, Zip: Madison, MS 39130		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bill Freeman	6/8/2009	\$250.00
Mailing Address: 114 Shady Grove Avenue		
City, State, Zip: Newton, MS 39345		
Name of Employer (Required): Miss National Guard		
Occupation (Required): Military Officer	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS Credit Union PAC	12/7/2009	\$1,000.00
Mailing Address: 1400 Lakeover Road, Suite 200		
City, State, Zip: Jackson, MS 39213		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Philip Friedman	6/8/2009	\$250.00
Mailing Address: 202 Geneva Blvd		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): McAlisters Corp.		
Occupation (Required): CEO and President	Aggregate year-to-date	\$1,250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Philip Friedman	8/12/2009	\$1,000.00
Mailing Address: 202 Geneva Blvd		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): McAlisters Corp.		
Occupation (Required): CEO and President	Aggregate year-to-date	\$1,250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jimmy Palmer	6/8/2009	\$250.00
Mailing Address: 4772 Chatagelaht		
City, State, Zip: Douglasville, GA 30135		
Name of Employer (Required): Butler Snow		
Occupation (Required): Consultant	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dick West	6/8/2009	\$250.00
Mailing Address: Post Office Box 2906		
City, State, Zip: Laurel, MS 39442		
Name of Employer (Required): self		
Occupation (Required): business	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Morris Gray	6/8/2009	\$1,000.00
Mailing Address: Post Office Box 1897		
City, State, Zip: Brandon, MS 39043		
Name of Employer (Required): Morris Gray Land Development		
Occupation (Required): Developer	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Stanley E. Sullivan, Jr.	6/9/2009	\$1,000.00
Mailing Address: 114 Bridgepointe Boulevard		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Sullivan Automotive		
Occupation (Required): Auto Sales	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: James P. Hrusovsky	6/9/2009	\$250.00
Mailing Address: 202 Garden Court Cove		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): Severstal		
Occupation (Required): C.E.O.	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Charles D. Furman	6/9/2009	\$250.00
Mailing Address: 2002 Choctaw Road		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required): Severstal		
Occupation (Required): External Affairs Director	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Lenard L. Harris	7/17/2009	\$8,000.00
Mailing Address: 415 Country Club Drive		
City, State, Zip: Hernando, MS 38632		
Name of Employer (Required): L & T Construction		
Occupation (Required): contractor	Aggregate year-to-date	\$8,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Hendrix Farming, LLC	7/17/2009	\$1,000.00
Mailing Address: 1985 Highway 304 West		
City, State, Zip: Hernando, MS 38632		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: W. F. Blair	7/31/2009	\$1,000.00
Mailing Address: 104 Summit Grove		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Blair and Bondurant		
Occupation (Required): attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Denbury Resources PAC	7/31/2009	\$2,000.00
Mailing Address: 5100 Tennyson Parkway, #1200		
City, State, Zip: Plano, TX 75024		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: 527 Political Organization	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Desoto Co Republican Party	7/17/2009	\$525.00
Mailing Address: 7075 Golden Oaks Loop W Ste 17		
City, State, Zip: Southaven, MS 38671		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$525.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Jason K. Coleman	7/17/2009	\$1,000.00
Mailing Address: 4036 Robertson Gin Road		
City, State, Zip: Hernando, MS 38632		
Name of Employer (Required): self		
Occupation (Required): dentist	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Kell Group LLC	8/17/2009	\$250.00
Mailing Address: 5208 Kaywood Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS Health Care Association PAC	7/16/2009	\$1,000.00
Mailing Address: 1076 Highland Colony Pkw St 125		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS Health Care Association PAC	9/16/2009	\$1,000.00
Mailing Address: 1076 Highland Colony Pkw St 125		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Grant M. Fox	7/16/2009	\$1,000.00
Mailing Address: P.O. Box 310		
City, State, Zip: Brandon, MS 39043		
Name of Employer (Required): Fox Law Firm, PA		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Grant M. Fox	12/14/2009	\$500.00
Mailing Address: P.O. Box 310		
City, State, Zip: Brandon, MS 39043		
Name of Employer (Required): Fox Law Firm, PA		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS ASSOC of Realtors	7/16/2009	\$1,000.00
Mailing Address: P.O. Box 321000		
City, State, Zip: Hornbeak, TN 38232		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Anheuser-Busch			8/14/2009	\$1,000.00
Mailing Address: One Busch Place				
City, State, Zip: Saint Louis, MO 63118				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Edward Kennedy			8/31/2009	\$250.00
Mailing Address: 1530 E. County Line Road				
City, State, Zip: Ridgeland, MS 39157				
Name of Employer (Required): Self				
Occupation (Required): Veterinarian			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: SG Resources Mississippi LLC			7/31/2009	\$500.00
Mailing Address: 28420 Hardy TollRoad N, Suite 12				
City, State, Zip: Spring, TX 77373				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: SG Resources Mississippi LLC			1/9/2009	\$250.00
Mailing Address: 28420 Hardy TollRoad N, Suite 12				
City, State, Zip: Spring, TX 77373				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. William Stevens			7/22/2009	\$250.00
Mailing Address: 1605 Grand Oaks Boulevard				
City, State, Zip: Oxford, MS 38655				
Name of Employer (Required): self				
Occupation (Required): attorney			Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Walgreens Co.	7/22/2009	\$1,000.00
Mailing Address: 104 Wilmont Road, MS #1444		
City, State, Zip: Deerfield, IL 60015		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lydia Chassaniol	6/22/2009	\$250.00
Mailing Address: Post Office Box 211		
City, State, Zip: Winona, MS 38967		
Name of Employer (Required): State of Mississippi		
Occupation (Required): Government	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gouras & Associates	6/22/2009	\$250.00
Mailing Address: Post Office Box 1465		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Health Assurances LLC	6/15/2009	\$250.00
Mailing Address: 5903 Ridgewood Road, Suite 320		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Roy Perilloux	6/15/2009	\$250.00
Mailing Address: 648 Lakeland East Drive, Suite A		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): Perilloux & Associates		
Occupation (Required): attorney	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tower Loan of Missouri, Inc.	6/8/2009	\$1,000.00
Mailing Address: Post Office Box 32001		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gulfco of Louisiana, Inc.	6/8/2009	\$1,000.00
Mailing Address: PO Box 320001		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Timbs Enterprises	6/8/2009	\$500.00
Mailing Address: Post Office Box 367		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. William Brown	6/8/2009	\$1,000.00
Mailing Address: Post Office Box 16952		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required): Brown Bottling Co.		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Coca-Cola Good Government PAC	6/8/2009	\$1,000.00
Mailing Address: Post Office Box 723040		
City, State, Zip: Atlanta, GA 31139		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Walgreens Co.			7/22/2009	\$1,000.00
Mailing Address: 104 Wilmont Road, MS #1444				
City, State, Zip: Deerfield, IL 60015				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lydia Chassaniol			6/22/2009	\$250.00
Mailing Address: Post Office Box 211				
City, State, Zip: Winona, MS 38967				
Name of Employer (Required): State of Mississippi				
Occupation (Required): Government			Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gouras & Associates			6/22/2009	\$250.00
Mailing Address: Post Office Box 1465				
City, State, Zip: Ridgeland, MS 39158				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Health Assurances LLC			6/15/2009	\$250.00
Mailing Address: 5903 Ridgewood Road, Suite 320				
City, State, Zip: Jackson, MS 39211				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Roy Perilloux			6/15/2009	\$250.00
Mailing Address: 648 Lakeland East Drive, Suite A				
City, State, Zip: Jackson, MS 39232				
Name of Employer (Required): Perilloux & Associates				
Occupation (Required): attorney			Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS Health Care Association PAC	7/16/2009	\$1,000.00
Mailing Address: 1076 Highland Colony Pkw St 125		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS Health Care Association PAC	9/16/2009	\$1,000.00
Mailing Address: 1076 Highland Colony Pkw St 125		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Grant M. Fox	7/16/2009	\$1,000.00
Mailing Address: P.O. Box 310		
City, State, Zip: Brandon, MS 39043		
Name of Employer (Required): Fox Law Firm, PA		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Grant M. Fox	12/14/2009	\$500.00
Mailing Address: P.O. Box 310		
City, State, Zip: Brandon, MS 39043		
Name of Employer (Required): Fox Law Firm, PA		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS ASSOC of Realtors	7/16/2009	\$1,000.00
Mailing Address: P.O. Box 321000		
City, State, Zip: Hornbeak, TN 38232		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: W. F. Blair	7/31/2009	\$1,000.00
Mailing Address: 104 Summit Grove		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Blair and Bondurant		
Occupation (Required): attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Denbury Resources PAC	7/31/2009	\$2,000.00
Mailing Address: 5100 Tennyson Parkway, #1200		
City, State, Zip: Plano, TX 75024		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: 527 Political Organization	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Desoto Co Republican Party	7/17/2009	\$525.00
Mailing Address: 7075 Golden Oaks Loop W Ste 17		
City, State, Zip: Southaven, MS 38671		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$525.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Jason K. Coleman	7/17/2009	\$1,000.00
Mailing Address: 4036 Robertson Gin Road		
City, State, Zip: Hernando, MS 38632		
Name of Employer (Required): self		
Occupation (Required): dentist	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Kell Group LLC	8/17/2009	\$250.00
Mailing Address: 5208 Kaywood Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ronald Van, Jr.	6/8/2009	\$1,000.00
Mailing Address: 115 Miles Lane		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Region 8		
Occupation (Required): Mental Health Director	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lex Taylor	6/8/2009	\$1,000.00
Mailing Address: 937 West Main Street		
City, State, Zip: Louisville, MS 39339		
Name of Employer (Required): Taylor Enterprises		
Occupation (Required): owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Donald Phillips	6/8/2009	\$1,000.00
Mailing Address: 372 Fannin Landing Circle		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS AGC- PAC	6/8/2009	\$1,000.00
Mailing Address: Post Office Box 12615		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS AGC- PAC	12/7/2009	\$1,000.00
Mailing Address: Post Office Box 12615		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Betty Anderson	6/8/2009	\$250.00
Mailing Address: 279 Pat Holifield Road		
City, State, Zip: Soso, MS 39480		
Name of Employer (Required): retired		
Occupation (Required): retired	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: H.C. Bailey Management	6/8/2009	\$1,000.00
Mailing Address: Post Office Box 2810		
City, State, Zip: Madison, MS 39130		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: First Team Marketing, Inc.	6/8/2009	\$250.00
Mailing Address: 3915 Nassau Street		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James P. Brewer	6/8/2009	\$250.00
Mailing Address: 3737 Robinson Road		
City, State, Zip: Jackson, MS 39209		
Name of Employer (Required): Capital Security		
Occupation (Required): security services	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Quick E-Z, Inc.	6/8/2009	\$250.00
Mailing Address: 25057 Highway 51 South		
City, State, Zip: Crystal Springs, MS 39059		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Michael J. Chaney	6/8/2009	\$250.00
Mailing Address: 528 Inglewood Drive		
City, State, Zip: Vicksburg, MS 39180		
Name of Employer (Required): State of Mississippi		
Occupation (Required): State Insurance Commissioner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Stewart Gammill	6/8/2009	\$250.00
Mailing Address: 3702 Hardy Street		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): business manager		
Occupation (Required): self	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Dental Practice	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Daniel Quyon, D.M.D.	6/9/2009	\$250.00
Mailing Address: 5800 Ridgewood Road, Suite 102		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. John Phillips III	6/9/2009	\$250.00
Mailing Address: 4042 Highway 16 West		
City, State, Zip: Yazoo City, MS 39194		
Name of Employer (Required): Phillip Planting Company		
Occupation (Required): Framer	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Carl Reddix	6/22/2009	\$250.00
Mailing Address: 6090 Woodlea Drive		
City, State, Zip: Jackson, MS 39206		
Name of Employer (Required): self		
Occupation (Required): physician	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James Morris	6/9/2009	\$1,000.00
Mailing Address: Post Office Box 1897		
City, State, Zip: Brandon, MS 39043		
Name of Employer (Required): City of Brandon		
Occupation (Required): Alderman	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Stribling Equipment	6/9/2009	\$250.00
Mailing Address: One Grove Park		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. William Mullican	6/9/2009	\$250.00
Mailing Address: 207 East Lake		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): requested		
Occupation (Required): requested	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joy and Malcom Lightsey	6/9/2009	\$250.00
Mailing Address: 113 Stillwood Road		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Sun Tech		
Occupation (Required): VP	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Jerry Cotton	6/8/2009	\$1,000.00
Mailing Address: 501 Castiewoods Blvd		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Miss. Baptist Health Systems		
Occupation (Required): Executive	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dealers Auto Auction of South			7/15/2009	\$350.00
Mailing Address: 6723 Highway 51				
City, State, Zip: Horn Lake, MS 38637				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Robert Sandoz			12/16/2009	\$1,000.00
Mailing Address: 2366 Beau Chene Drive				
City, State, Zip: Biloxi, MS 39532				
Name of Employer (Required): Trinity Investment				
Occupation (Required): co-founder			Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Chevron Corp			9/16/2009	\$1,000.00
Mailing Address: P.O. Box 9034				
City, State, Zip: Pleasant Hill, CA 94523				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Harold Applewhite			9/16/2009	\$500.00
Mailing Address: 1135 Press Street				
City, State, Zip: New Orleans, LA 70117				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Roger Flynt			10/12/2009	\$500.00
Mailing Address: 1006 Hayes Avenue				
City, State, Zip: Oxford, MS 38655				
Name of Employer (Required): retired				
Occupation (Required): retired			Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mary Sharp Rayner	10/12/2009	\$500.00
Mailing Address: 106 Rayner Road		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): retired		
Occupation (Required): educator	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Bert Allen	10/16/2009	\$1,000.00
Mailing Address: 701 Muirfield Dr		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): self		
Occupation (Required): Business	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Real Estate Management	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Castle Properties	10/21/2009	\$1,000.00
Mailing Address: 412 Main Street		
City, State, Zip: Columbus, MS 39701		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John Correnti	10/21/2009	\$1,000.00
Mailing Address: 336 Steeple Chase		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required): Steel Development LLC		
Occupation (Required): CEO	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Andrew and Stacey George	10/21/2009	\$250.00
Mailing Address: 1280 Plantation Drive		
City, State, Zip: Starkville, MS 39759		
Name of Employer (Required): Wealth Strategies Group, LLC		
Occupation (Required): financial advisor	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Columbus & Greenville Railway Co			10/21/2009	\$500.00
Mailing Address: 221 7th Street North				
City, State, Zip: Columbus, MS 39701				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: M & B Railroad LLC			10/21/2009	\$500.00
Mailing Address: 221 7th Street North				
City, State, Zip: Columbus, MS 39701				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Crye-Leike Properties Unlimited			10/21/2009	\$500.00
Mailing Address: Post Office Box 7938				
City, State, Zip: Columbus, MS 39705				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: EADS North America			10/21/2009	\$1,000.00
Mailing Address: 1616 N. Fort Myer Drive, #1600				
City, State, Zip: Arlington, VA 22209				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: Professional Association	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: David K. Curtis, DMD, PA			10/21/2009	\$1,000.00
Mailing Address: 300 Hospital Drive				
City, State, Zip: Columbus, MS 39705				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gordon Flowers	10/21/2009	\$1,000.00
Mailing Address: 817 Greenbriar Drive		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required): Brunini Law Firm		
Occupation (Required): attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Scott Singley	10/21/2009	\$250.00
Mailing Address: 2381 Wright Road		
City, State, Zip: Steens, MS 39766		
Name of Employer (Required): self		
Occupation (Required): Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: A partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ideal Leasing Co.	10/21/2009	\$2,500.00
Mailing Address: Post Office Box 1647		
City, State, Zip: Hattiesburg, MS 39401		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Paul Holmes	10/21/2009	\$2,500.00
Mailing Address: 135 HDR Lane		
City, State, Zip: Petal, MS 39465		
Name of Employer (Required): self		
Occupation (Required): attorney	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gayle Giannini	10/21/2009	\$250.00
Mailing Address: 234 W. Canebrake Blvd		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required):		
Occupation (Required): homemaker	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. James W. Rawlins	10/21/2009	\$2,500.00
Mailing Address: 26 Red Fern Trail		
City, State, Zip: Petal, MS 39465		
Name of Employer (Required): USM		
Occupation (Required): polymer scientist	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Leslie J. Goff	10/21/2009	\$2,500.00
Mailing Address: 40 St. Andrews Circle		
City, State, Zip: Hattiesburg, MS 39401		
Name of Employer (Required): Noetic Technologies		
Occupation (Required): President	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Charlie T. Sutherland	10/21/2009	\$1,000.00
Mailing Address: 12 Waterford Place		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): F-S Prestress		
Occupation (Required): manufacturing	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Katherine Driskell	10/21/2009	\$500.00
Mailing Address: Post Office Box 447		
City, State, Zip: Hattiesburg, MS 39403		
Name of Employer (Required): Havard Pest Control		
Occupation (Required): owner	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Katherine Driskell	12/15/2009	\$1,000.00
Mailing Address: Post Office Box 447		
City, State, Zip: Hattiesburg, MS 39403		
Name of Employer (Required): Havard Pest Control		
Occupation (Required): owner	Aggregate year-to-date	\$1,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John Lee	10/21/2009	\$2,500.00
Mailing Address: Post Office Box 1470		
City, State, Zip: Hattiesburg, MS 39403		
Name of Employer (Required): self		
Occupation (Required): attorney	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mack Grubbs Hyundai LLC	10/21/2009	\$2,500.00
Mailing Address: 1419 W. Pine Street		
City, State, Zip: Hattiesburg, MS 39401		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Rath Consulting, LLC	10/21/2009	\$1,000.00
Mailing Address: 813 Dogwood Avenue		
City, State, Zip: Wiggins, MS 39577		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lee Sims	10/21/2009	\$1,000.00
Mailing Address: 4 Grand Bayou Circle		
City, State, Zip: Hattiesburg, MS 39404		
Name of Employer (Required): L&A Contracting		
Occupation (Required): contractor	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: BankTEL	10/21/2009	\$1,000.00
Mailing Address: PO Box 8370		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dean and Jennifer Bertram	10/21/2009	\$1,000.00
Mailing Address: 518 N. Main Street		
City, State, Zip: Hattiesburg, MS 39401		
Name of Employer (Required): USM		
Occupation (Required): Professor	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Robert L. Calvert	10/21/2009	\$1,000.00
Mailing Address: 931 East Main Street		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): Calvert-Spradling Eng. Inc.		
Occupation (Required): Professional Engineer	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Carol and Joseph S. Boggess	10/21/2009	\$250.00
Mailing Address: 605 3rd Street South		
City, State, Zip: Columbus, MS 39701		
Name of Employer (Required): Otolaryngology Associates		
Occupation (Required): Physician	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John C. Morrow	10/21/2009	\$500.00
Mailing Address: 597 Greembriar Drive		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required): Pryor & Morrow Architects		
Occupation (Required): Architect	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. James E. Brooks	10/21/2009	\$1,000.00
Mailing Address: 3545 Bluecutt Rd		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required): Brooks Eye Center		
Occupation (Required): Doctor of Optometry	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. William B. Rayburn	10/26/2009	\$500.00
Mailing Address: 108 Glen Eagle		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): FNC, Inc.		
Occupation (Required): President and CEO	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: B. Keith Heard	10/26/2009	\$1,000.00
Mailing Address: 1822 Stinson Creek Road		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required): Nossaman LLP		
Occupation (Required): Public Affairs	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Merck & Co., Inc.	10/28/2009	\$1,000.00
Mailing Address: Post Office Box 1000		
City, State, Zip: North Wales, PA 19454		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. JoAnn Wiggins	10/28/2009	\$2,500.00
Mailing Address: 12 Ted Lane		
City, State, Zip: Purvis, MS 39475		
Name of Employer (Required): University of Southern Miss.		
Occupation (Required): Education	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Laura and Damon Wall	10/16/2009	\$500.00
Mailing Address: 308 Garner Street		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): retired		
Occupation (Required): retired	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Thomas L. Phillips	10/21/2009	\$250.00
Mailing Address: Post Office Box 2069		
City, State, Zip: Columbus, MS 39704		
Name of Employer (Required): self		
Occupation (Required): contractor	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Geralind Holliman Construction	10/21/2009	\$1,000.00
Mailing Address: 5107 Highway 50 East		
City, State, Zip: Steens, MS 39766		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: James C. Galloway	11/2/2009	\$1,000.00
Mailing Address: 1700 Bramblewood Drive		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required): Galloway-Chandler Insurance		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: The Integrity Group	11/2/2009	\$250.00
Mailing Address: Post Office Box 1393		
City, State, Zip: Starkville, MS 39760		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dutch Oil Company	11/2/2009	\$1,000.00
Mailing Address: Post Office Box 5051		
City, State, Zip: Columbus, MS 39704		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Valley Services, Inc.			11/30/2009	\$1,000.00
Mailing Address: Post Office Box 5454				
City, State, Zip: Jackson, MS 39288				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joseph & Michele Miller			11/24/2009	\$500.00
Mailing Address: 1016 Country Acres Lane				
City, State, Zip: Hazlehurst, MS 39083				
Name of Employer (Required) requested				
Occupation (Required) requested			Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joseph & Michele Miller			12/16/2009	\$250.00
Mailing Address: 1016 Country Acres Lane				
City, State, Zip: Hazlehurst, MS 39083				
Name of Employer (Required) requested				
Occupation (Required) requested			Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Charles & Dorothea C. Fail			11/24/2009	\$500.00
Mailing Address: Four Seasons				
City, State, Zip: Orange Beach, AL 36561				
Name of Employer (Required) self				
Occupation (Required) telecommunications			Aggregate year-to-date	\$800.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Charles & Dorothea C. Fail			12/16/2009	\$300.00
Mailing Address: Four Seasons				
City, State, Zip: Orange Beach, AL 36561				
Name of Employer (Required) self				
Occupation (Required) telecommunications			Aggregate year-to-date	\$800.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: TDS Telecom Service Corp.			11/25/2009	\$500.00
Mailing Address: PO Box 5901				
City, State, Zip: Madison, WI 53705				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Smithville Telephone Co., Inc			11/24/2009	\$500.00
Mailing Address: P.O. Box 117				
City, State, Zip: Smithville, MS 38870				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bruce Telephone Co. Inc.			11/24/2009	\$500.00
Mailing Address: P.O. Box 489				
City, State, Zip: Bruce, MS 38915				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Decatur Telephone Co.			11/24/2009	\$500.00
Mailing Address: P.O. Box 146				
City, State, Zip: Decatur, MS 39327				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Pat Burns, Jr.			11/23/2009	\$500.00
Mailing Address: 602 S. Union Street				
City, State, Zip: Natchez, MS 39120				
Name of Employer (Required): Energy Drilling Company				
Occupation (Required): President			Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Ronald Todd Garner	11/18/2009	\$500.00
Mailing Address: 123 CR 181		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Gardner Landscaping		
Occupation (Required): Landscaping	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Charles W. Wikle	11/9/2009	\$250.00
Mailing Address: 1043 S. Madison St		
City, State, Zip: Tupelo, MS 38801		
Name of Employer (Required): Self		
Occupation (Required): Oral Surgeon	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Colin Maloney	11/9/2009	\$250.00
Mailing Address: Post Office Box 1366		
City, State, Zip: Tupelo, MS 38802		
Name of Employer (Required): Century Construction & Reality		
Occupation (Required): Contractor	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Verizon Wireless	11/23/2009	\$1,000.00
Mailing Address: P.O. Box 2167		
City, State, Zip: Folsom, CA 95763		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ashley Petroleum, Inc.	11/23/2009	\$1,000.00
Mailing Address: 5709 Antares Court		
City, State, Zip: Dallas, TX 75252		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS Oil & Gas Association	11/23/2009	\$1,000.00
Mailing Address: 513 North State St, Suite 202		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Geo-Pro, LLC	11/23/2009	\$1,000.00
Mailing Address: P.O. Box 22585		
City, State, Zip: Jackson, MS 39225		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: George S. Dennis	11/23/2009	\$1,000.00
Mailing Address: P.O. Box 1823		
City, State, Zip: Jackson, MS 39215		
Name of Employer (Required): Central Petroleum		
Occupation (Required): oil business	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jay Fenton	11/23/2009	\$2,000.00
Mailing Address: 207 South 13th Avenue		
City, State, Zip: Laurel, MS 39440		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Neil Scrimshire	11/23/2009	\$1,000.00
Mailing Address: 9 Heritage Trail		
City, State, Zip: Laurel, MS 39440		
Name of Employer (Required): Venture Oil		
Occupation (Required): Employee	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Pinnacle Consulting LLC	11/23/2009	\$250.00
Mailing Address: 217 W. Capitol St, Suite 201		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Karl J. Kaufmann	11/23/2009	\$250.00
Mailing Address: 102 Colony Crown		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Valioso Petroleum Company		
Occupation (Required): President/Owner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Anna Conner Perkins	11/23/2009	\$500.00
Mailing Address: 941 Luckney Road		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Requested		
Occupation (Required): Requested	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Richard H. Mills, Jr.	11/23/2009	\$1,000.00
Mailing Address: 602 Crescent Place, Ste 100		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Tellus Operating Group, LLC		
Occupation (Required): Manager	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Richard H. Mills, Jr.	12/15/2009	\$1,000.00
Mailing Address: 602 Crescent Place, Ste 100		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Tellus Operating Group, LLC		
Occupation (Required): Manager	Aggregate year-to-date	\$2,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. W.O. Jones, Jr	11/23/2009	\$250.00
Mailing Address: 4705 Ridgemoor Dr		
City, State, Zip: Belden, MS 38826		
Name of Employer (Required): Bancorp South		
Occupation (Required): VP	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. Cathy S. Freeman	11/23/2009	\$250.00
Mailing Address: 828 Brentwood Cove		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Bancorp South		
Occupation (Required): VP	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Larry D. Bateman	11/23/2009	\$250.00
Mailing Address: 1479 Savannah Ln		
City, State, Zip: Tupelo, MS 38801		
Name of Employer (Required): BancorpSouth		
Occupation (Required): Banking	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William L. Prater	11/23/2009	\$250.00
Mailing Address: 1527 Columbine Drive		
City, State, Zip: Tupelo, MS 38801		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Michael Lindsey	11/23/2009	\$250.00
Mailing Address: 169 Cotton Gin Ln		
City, State, Zip: Saitillo, MS 38866		
Name of Employer (Required): Bancorp South		
Occupation (Required): Banker	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Tally Riddell	11/23/2009	\$250.00
Mailing Address: 1423 County Road 88		
City, State, Zip: New Albany, MS 38652		
Name of Employer (Required): self		
Occupation (Required): attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Cathy Robertson	11/23/2009	\$250.00
Mailing Address: P.O. Box 789		
City, State, Zip: Tupelo, MS 38802		
Name of Employer (Required): BancropSouth		
Occupation (Required): Banker	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Patrick J. Moore	11/9/2009	\$500.00
Mailing Address: 4242 Chateau Ct.		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Self Employed		
Occupation (Required): Oil and Gas Exploration	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: James O. Stephens	11/9/2009	\$500.00
Mailing Address: 805 Lake County Lane		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Klondike Oil and Gas, LP		
Occupation (Required): Petroleum Engineer	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jimmy Lane	11/30/2009	\$1,000.00
Mailing Address: Post Office Box 1437		
City, State, Zip: Ocean Springs, MS 39566		
Name of Employer (Required): Lane Construction Company		
Occupation (Required): Construction	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. Ann Hairston	12/7/2009	\$1,000.00
Mailing Address: 9114 Victoria Circle		
City, State, Zip: Gulfport, MS 39503		
Name of Employer (Required): homemaker		
Occupation (Required): homemaker	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Professional Association	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dukes, Dukes, Keating & Keating	12/7/2009	\$1,000.00
Mailing Address: Post Office Drawer W		
City, State, Zip: Gulfport, MS 39502		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John T. Bean III	12/7/2009	\$1,000.00
Mailing Address: Post Office Drawer 1368		
City, State, Zip: Columbus, MS 39703		
Name of Employer (Required): self		
Occupation (Required): restaurant	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Al Rosenbaum	12/14/2009	\$250.00
Mailing Address: Post Office Box 805		
City, State, Zip: Meridian, MS 39302		
Name of Employer (Required): Riley Foundation		
Occupation (Required): President	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Commercial RE Advisors, Inc.	12/14/2009	\$1,000.00
Mailing Address: 186 Beauvoir Road, Suite 200		
City, State, Zip: Biloxi, MS 39531		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John Herron	12/14/2009	\$1,000.00
Mailing Address: 5 Samuel Dann Way		
City, State, Zip: Pound Ridge, NY 10576		
Name of Employer (Required): Entergy		
Occupation (Required): Operations	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Virginia and Curt Hebert	12/14/2009	\$2,500.00
Mailing Address: 102 Shongaloo Lane		
City, State, Zip: Mandeville, LA 70471		
Name of Employer (Required): Entergy		
Occupation (Required): Executive Vice President	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mark Savoff	12/14/2009	\$1,000.00
Mailing Address: 204 Forest Oaks Drive		
City, State, Zip: New Orleans, LA 70131		
Name of Employer (Required): Entergy		
Occupation (Required): Executive Vice President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gary J. Taylor	12/14/2009	\$1,000.00
Mailing Address: 625 St. Charles Ave., Apt. 8A		
City, State, Zip: New Orleans, LA 70130		
Name of Employer (Required): Entergy		
Occupation (Required): Utility Operations	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Robert D. Sloan	12/14/2009	\$1,000.00
Mailing Address: 1320 Second Street		
City, State, Zip: New Orleans, LA 70130		
Name of Employer (Required): Entergy		
Occupation (Required): General Counsel	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Leo P. Denault	12/14/2009	\$1,000.00
Mailing Address: 10 Rosedown Court		
City, State, Zip: New Orleans, LA 70131		
Name of Employer (Required): Entergy		
Occupation (Required): CFO	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Terry R. Seamons	12/14/2009	\$1,000.00
Mailing Address: 1090 S. Eaglenest Drive		
City, State, Zip: Salem, UT 84653		
Name of Employer (Required): Entergy		
Occupation (Required): Human Resources	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Richard J. Smith	12/14/2009	\$1,000.00
Mailing Address: 12 Castle Pines Drive		
City, State, Zip: New Orleans, LA 70131		
Name of Employer (Required): Entergy		
Occupation (Required): President and CEO	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Wayne Leonard	12/14/2009	\$1,000.00
Mailing Address: 81 English Turn Drive		
City, State, Zip: New Orleans, LA 70131		
Name of Employer (Required): Entergy		
Occupation (Required): Chairman	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Walter Ferguson	12/14/2009	\$300.00
Mailing Address: 1425 Rue Avignon		
City, State, Zip: Mandeville, LA 70471		
Name of Employer (Required): Entergy		
Occupation (Required): System Regulatory Affairs	Aggregate year-to-date	\$300.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tradition Properties, Inc.			12/14/2009	\$1,000.00
Mailing Address: 909 Poydras Street, Suite 1700				
City, State, Zip: New Orleans, LA 70112				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Clay Holladay			12/15/2009	\$500.00
Mailing Address: Post Office Box 1699				
City, State, Zip: Meridian, MS 39302				
Name of Employer (Required): Mississippi Broadcasters LLC				
Occupation (Required): radio broadcasting			Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sunbelt Motors, Inc.			12/15/2009	\$500.00
Mailing Address: Post Office Box 5315				
City, State, Zip: Meridian, MS 39301				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Rob Wells			12/15/2009	\$1,000.00
Mailing Address: 226 Westfield Road				
City, State, Zip: Star, MS 39167				
Name of Employer (Required): Young Williams				
Occupation (Required): attorney			Aggregate year-to-date	\$6,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Rob Wells			12/24/2009	\$5,000.00
Mailing Address: 226 Westfield Road				
City, State, Zip: Star, MS 39167				
Name of Employer (Required): Young Williams				
Occupation (Required): attorney			Aggregate year-to-date	\$6,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Duprey Electric, LLC	12/16/2009	\$250.00
Mailing Address: 15019 Dill Road		
City, State, Zip: Saucier, MS 39574		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Trinity Investment Services, LLC	12/16/2009	\$250.00
Mailing Address: Post Office Box 1150		
City, State, Zip: Gulfport, MS 39502		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ross Ose	12/16/2009	\$250.00
Mailing Address: 3455 Robertson Gin Road		
City, State, Zip: Hernando, MS 38632		
Name of Employer (Required) requested		
Occupation (Required) requested	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: W.C. Fore LLC	12/16/2009	\$1,000.00
Mailing Address: Post Office Box 3058		
City, State, Zip: Gulfport, MS 39503		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sawyer- Foster Insurance, Inc.	12/16/2009	\$500.00
Mailing Address: Post Office Drawer AA		
City, State, Zip: Gulfport, MS 39502		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sawyer-Foster Insurance, Inc.	12/16/2009	\$500.00
Mailing Address: Post Office Drawer AA		
City, State, Zip: Gulfport, MS 39502		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Deborah Sackett	12/16/2009	\$250.00
Mailing Address: 2508 15th Avenue		
City, State, Zip: Gulfport, MS 39501		
Name of Employer (Required) requested		
Occupation (Required) requested	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gulf Land Development, Inc.	12/16/2009	\$250.00
Mailing Address: 225 Cowan Road		
City, State, Zip: Gulfport, MS 39507		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gulf Properties MS, LLC	12/16/2009	\$250.00
Mailing Address: 225 Cowan Road		
City, State, Zip: Gulfport, MS 39507		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Association	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Home Builders Assoc. of MS Coast	12/16/2009	\$1,000.00
Mailing Address: 10480 Corporate Drive, Suite 1		
City, State, Zip: Gulfport, MS 39503		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joan and Don Waits	12/16/2009	\$250.00
Mailing Address: 17 Keyser Lane		
City, State, Zip: Gulfport, MS 39507		
Name of Employer (Required): retired		
Occupation (Required): retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Robert Lochhead	12/15/2009	\$2,500.00
Mailing Address: 159 Pompano		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): USM		
Occupation (Required): professor	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: George Pelaez, Jr.	12/16/2009	\$250.00
Mailing Address: 4241 Oakridge Place		
City, State, Zip: Biloxi, MS 39532		
Name of Employer (Required): self		
Occupation (Required): Sportsman	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Maxwell-Walker Con. Group LLC	12/16/2009	\$1,000.00
Mailing Address: Post Office Box 1665		
City, State, Zip: Pascagoula, MS 39568		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John K. Rester	12/16/2009	\$250.00
Mailing Address: Post Office Box 1662		
City, State, Zip: Gulfport, MS 39502		
Name of Employer (Required): Port Authority		
Occupation (Required): President	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Association	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Assoc. for Home Care	12/16/2009	\$1,000.00
Mailing Address: 134 Fairmont Street, Suite B		
City, State, Zip: Clinton, MS 39056		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: The GlaxoSmithKline PAC	12/21/2009	\$500.00
Mailing Address: Five Moore Drive		
City, State, Zip: Durham, NC 27709		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Harrah's Operating Company, Inc.	12/22/2009	\$1,000.00
Mailing Address: One Caesar's Palace Drive		
City, State, Zip: Las Vegas, NV 89109		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Enterprise Holdings, Inc, PAC	12/24/2009	\$1,000.00
Mailing Address: 219 Woodgate Drive South		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Harold Clark	12/21/2009	\$1,000.00
Mailing Address: 501 Academy Road		
City, State, Zip: Starkville, MS 39759		
Name of Employer (Required): Coca Cola		
Occupation (Required): executive	Aggregate year-to-date	\$2,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Harold Clark	10/21/2009	\$1,000.00
Mailing Address: 501 Academy Road		
City, State, Zip: Starkville, MS 39759		
Name of Employer (Required): Coca Cola		
Occupation (Required): executive	Aggregate year-to-date	\$2,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: First State Bank	12/29/2009	\$1,000.00
Mailing Address: Post Office Box 506		
City, State, Zip: Waynesboro, MS 39367		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Powell Petroleum Inc.	12/29/2009	\$1,000.00
Mailing Address: 136 Swan Sea Lane		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Nationwide Mutual Insurance Co.	12/31/2009	\$1,000.00
Mailing Address: One Nationwide Plaza		
City, State, Zip: Columbus, OH 43215		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: AmeriChoice Health Services Inc.	12/31/2009	\$1,000.00
Mailing Address: 2 Independence Point, Suite 100		
City, State, Zip: Greenville, SC 29615		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mary Connor Adcock	12/31/2009	\$1,000.00
Mailing Address: Post Office Box 414		
City, State, Zip: Belden, MS 38826		
Name of Employer (Required): self		
Occupation (Required): real estate	Aggregate year-to-date	\$1,000.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Legal & Strategic Counsel PLLC	12/31/2009	\$1,000.00
Mailing Address: 100 Webster Circle, Suite 1A		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Angela B. Phyfer	12/31/2009	\$250.00
Mailing Address: 456 Pembroke Drive		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Home CPA		
Occupation (Required): accounting	Aggregate year-to-date	\$250.00

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Marsha H. Dieckman	12/31/2009	\$250.00
Mailing Address: 506 Lincoln Cove		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Home CPA		
Occupation (Required): accounting	Aggregate year-to-date	\$250.00

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Shane Hariel	12/31/2009	\$1,000.00
Mailing Address: 2008 Brookstone Place		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Home CPA		
Occupation (Required): accounting	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sevestal Columbus, LLC	12/31/2009	\$1,000.00
Mailing Address: Post Office Box 1467		
City, State, Zip: Columbus, MS 39703		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS Steel Processing, LLC	12/31/2009	\$1,000.00
Mailing Address: Post Office Box 7580		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Monte Luffey	12/9/2009	\$250.00
Mailing Address: Post Office Box 836		
City, State, Zip: Gulfport, MS 39502		
Name of Employer (Required): Southeast Commercial		
Occupation (Required): real estate	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Butler Snow PLLC	6/5/2009	\$11,304.91
Mailing Address: Post Office Box 6010		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$11,304.91
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Hudson's Treasure Hunt, LLC	10/12/2009	\$2,500.00
Mailing Address: Post Office Box 711		
City, State, Zip: Hattiesburg, MS 39403		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,500.00

Name of Candidate or Committee Friends of Phil BryantReporting period January 1, 2009 through December 31, 2009**ITEMIZED DISBURSEMENTS**

A. Full name 1st Priority	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1150 17th Street	2/2/2009	\$ 400
City, State, Zip Code Washington, DC 20036		\$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ 400
A. Full name 2+2 Scholarship Golf Tournament	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 7015	8/19/2009	\$ 200
City, State, Zip Code Senatobia, MS 38668		\$
Purpose of Disbursement (Optional) donation	Aggregate Year-to-date	\$ 200
A. Full name 911 Fund	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4018 Highway 49 South	9/3/2009	\$ 1000
City, State, Zip Code Florence, MS 39073		\$
Purpose of Disbursement (Optional) donation	Aggregate Year-to-date	\$ 1000
A. Full name Alan Nunnelee for Congress	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 7092	9/28/2009	\$ 1000
City, State, Zip Code Tupelo, MS 38803		\$
Purpose of Disbursement (Optional) donation	Aggregate Year-to-date	\$ 1000
A. Full name Alpha Golf Aviation	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 8370	12/2/2009	\$ 1622.12
City, State, Zip Code Columbus, MS 39705	12/14/2009	\$ 543.03
Purpose of Disbursement (Optional) Air travel	Aggregate Year-to-date	\$ 2165.15
A. Full name American Family Association	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 2440	1/5/2009	\$ 100
City, State, Zip Code Tupelo, MS 38803	9/12/2009	\$ 100
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ See below

Name of Candidate or Committee _____ Friends of Phil Bryant _____

Reporting period ____ January 1, 2009 through ____ December 31, 2009 _____

ITEMIZED DISBURSEMENTS

A. Full name American Family Association	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 2440	7/17/2009	\$ 35
City, State, Zip Code Tupelo, MS 38803	7/17/2009	\$ 100
Purpose of Disbursement (Optional) donation	Aggregate Year-to-date	\$ See below
A. Full name American Heart Association	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 2440	2/14/2009	\$ 200
City, State, Zip Code Tupelo, MS 38803		\$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ 535
A. Full name American Solutions	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1425 K Street, NW	12/8/2009	\$ 1000
City, State, Zip Code Washington, DC 20005		\$
Purpose of Disbursement (Optional) donation	Aggregate Year-to-date	\$ 1000
A. Full name ABC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5271 Canard Street	9/21/2009	\$ 140.80
City, State, Zip Code Alexandria, VA 22312	9/21/2009	\$ 154.00
Purpose of Disbursement (Optional) Car Rental	Aggregate Year-to-date	\$ 294.80
A. Full name Basil's	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 120 North Congress L-1	3/9/2009	\$ 429.90
City, State, Zip Code Jackson, MS 39201		\$
Purpose of Disbursement (Optional) event	Aggregate Year-to-date	\$ 429.90
A. Full name BKCD Processing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2130 E. University Drive	8/4/2009	\$ 20.90
City, State, Zip Code Tempe, AZ 85281	5/4/2009	\$ 10.65
Purpose of Disbursement (Optional) Credit card fee	Aggregate Year-to-date	\$ See below

Name of Candidate or Committee Friends of Phil BryantReporting period January 1, 2009 through December 31, 2009**ITEMIZED DISBURSEMENTS**

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
BKCD Processing		
Mailing Address 2130 E. University Drive	10/2/2009	\$ 70.60
City, State, Zip Code Tempe, AZ 85281	7/2/2009	\$ 70.60
Purpose of Disbursement (Optional) Credit card fee	Aggregate Year-to-date	\$ See Below
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
BKCD Processing		
Mailing Address 2130 E. University Drive	9/2/2009	\$ 42.55
City, State, Zip Code Tempe, AZ 85281	11/3/2009	\$ 10.99
Purpose of Disbursement (Optional) Credit card fee	Aggregate Year-to-date	\$ See Below
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
BKCD Processing		
Mailing Address 2130 E. University Drive	4/2/2009	\$ 20
City, State, Zip Code Tempe, AZ 85281	12/2/2009	\$ 20
Purpose of Disbursement (Optional) Credit card fee	Aggregate Year-to-date	\$ See below
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
BKCD Processing		
Mailing Address 2130 E. University Drive	2/3/2009	\$ 20
City, State, Zip Code Tempe, AZ 85281	3/3/2009	\$ 20
Purpose of Disbursement (Optional) credit card fee	Aggregate Year-to-date	\$ See below
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
BKCD Processing		
Mailing Address 2130 E. University Drive	1/2/2009	\$ 18.01
City, State, Zip Code Tempe, AZ 85281	6/2/2009	\$ 21.07
Purpose of Disbursement (Optional) Credit card fee	Aggregate Year-to-date	\$ 332.29
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Boy Scouts of America		
Mailing Address 855 Riverside Drive	10/16/2009	\$ 300
City, State, Zip Code Jackson, MS 39202	3/31/2009	\$ 200
Purpose of Disbursement (Optional) donation	Aggregate Year-to-date	\$ 500

Name of Candidate or Committee Friends of Phil BryantReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name Boyce Adams, Jr	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 8370	12/28/2009	\$ 272.50
City, State, Zip Code Columbus, MS 39705		\$
Purpose of Disbursement (Optional) pilot fees	Aggregate Year-to-date	\$ 272.50
A. Full name Budget Rental Car	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2002 West Street	8/3/2009	\$ 290.66
City, State, Zip Code Hanover MD 21075		\$
Purpose of Disbursement (Optional) Travel Expense	Aggregate Year-to-date	\$ 290.66
A. Full name Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 519	8/11/2009	\$ 319.00
City, State, Zip Code Meadville, MS 39653	7/14/2009	\$ 457.51
Purpose of Disbursement (Optional) cell phones	Aggregate Year-to-date	\$ See below
A. Full name Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 519	10/12/2009	\$ 453.28
City, State, Zip Code Meadville, MS 39653	9/5/2009	\$ 736.05
Purpose of Disbursement (Optional) cell phones	Aggregate Year-to-date	\$ See below
A. Full name Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 519	12/14/2009	\$ 445.32
City, State, Zip Code Meadville, MS 39653	11/7/2009	\$ 445.32
Purpose of Disbursement (Optional) cell phones	Aggregate Year-to-date	\$ See below
A. Full name Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 519	4/12/2009	\$ 347.50
City, State, Zip Code Meadville, MS 39653	2/25/2009	\$ 457.51
Purpose of Disbursement (Optional) Cell Phones	Aggregate Year-to-date	\$ See below

Name of Candidate or Committee Friends of Phil BryantReporting period January 1, 2009 through December 31, 2009**ITEMIZED DISBURSEMENTS**

A. Full name Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 519	5/19/2009	\$ 655.69
City, State, Zip Code Meadville, MS 39653	3/7/2009	\$ 448.17
Purpose of Disbursement (Optional) Cell Phones	Aggregate Year-to-date	\$ See below
A. Full name Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 519	1/10/2009	\$ 470.91
City, State, Zip Code Meadville, MS 39653	6/8/2009	\$ 456.02
Purpose of Disbursement (Optional) Cell Phones	Aggregate Year-to-date	\$ 5692.28
A. Full name Classic Connections LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 5883	12/16/2009	\$ 1125.00
City, State, Zip Code Brandon, MS 39047	10/1/2009	\$ 750.00
Purpose of Disbursement (Optional) consulting & expenses	Aggregate Year-to-date	\$ See below
A. Full name Classic Connections, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 5883	7/30/2009	\$ 1065.00
City, State, Zip Code Brandon, MS 39047	9/1/2009	\$ 1275.00
Purpose of Disbursement (Optional) consulting & expenses	Aggregate Year-to-date	\$ See below
A. Full name Classic Connections, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 5883	1/3/2009	\$ 1125.00
City, State, Zip Code Brandon, MS 39047	10/29/2009	\$ 1080.00
Purpose of Disbursement (Optional) consulting & expenses	Aggregate Year-to-date	\$ See below
A. Full name Classic Connections, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 5883	2/1/2009	\$ 855.00
City, State, Zip Code Brandon, MS 39047	3/13/2009	\$ 600.00
Purpose of Disbursement (Optional) consulting & expenses	Aggregate Year-to-date	\$ See below

Name of Candidate or Committee Friends of Phil BryantReporting period January 1, 2009 through December 31, 2009**ITEMIZED DISBURSEMENTS**

A. Full name Classic Connections, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 5883	6/2/2009	\$ 1005.00
City, State, Zip Code Brandon, MS 39047	6/17/2009	\$ 805.00
Purpose of Disbursement (Optional) consulting & expenses	Aggregate Year-to-date	\$ See below
A. Full name Classic Connections, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 5883	11/27/2009	\$ 1065.00
City, State, Zip Code Brandon, MS 39047	4/21/2009	\$ 917.50
Purpose of Disbursement (Optional) consulting & expenses	Aggregate Year-to-date	\$ 11667.50
A. Full name Clydesdale Store Charity - Byhalia	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 843 Peyton Road	1/6/2009	\$ 200.00
City, State, Zip Code Holly Springs, MS 38635		\$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ 200.00
A. Full name Courtyard by Marriott	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1800 East Beach Blvd	10/3/2009	\$ 89.60
City, State, Zip Code Gulfport, MS 39501	5/19/2009	\$ 179.20
Purpose of Disbursement (Optional) Travel Expense	Aggregate Year-to-date	\$ 268.80
A. Full name Diabetic Foundation of MS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 800 Avery Blvd	9/30/2009	\$ 500.00
City, State, Zip Code Ridgeland, MS 39158		\$
Purpose of Disbursement (Optional) donation	Aggregate Year-to-date	\$ 500.00
A. Full name Downtown Grill	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 110 Courthouse Square	8/18/2009	\$ 469.58
City, State, Zip Code Oxford, MS		\$
Purpose of Disbursement (Optional) event	Aggregate Year-to-date	\$ 469.58

Name of Candidate or Committee Friends of Phil BryantReporting period January 1, 2009 through December 31, 2009**ITEMIZED DISBURSEMENTS**

A. Full name First Choice Catering	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5905 Scott Boulevard	8/11/2009	\$ 1455.15
City, State, Zip Code Horn Lake, MS 38637		\$
Purpose of Disbursement (Optional) catering for event	Aggregate Year-to-date	\$ 1455.15
A. Full name First Tuesday, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 2864	1/10/2009	\$ 203.83
City, State, Zip Code Jackson, MS 39207	4/20/2009	\$ 18,946.88
Purpose of Disbursement (Optional) Expenses & Commission	Aggregate Year-to-date	\$ 19,150.71
A. Full name Vicksburg Chamber of Commerce	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2020 Mission 66	2/18/2009	\$ 1000.00
City, State, Zip Code Vicksburg, MS 39180		\$
Purpose of Disbursement (Optional) Vicksburg Mural donation	Aggregate Year-to-date	\$ 1000.00
A. Full name Foundation for Rankin County Public Schools	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 13292	10/12/2009	\$ 250.00
City, State, Zip Code Brandon, MS 39043		\$
Purpose of Disbursement (Optional) donation for event	Aggregate Year-to-date	\$ 250.00
A. Full name Friends of Lee Yancey	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 423 Woodlands Circle	8/13/2009	\$ 500.00
City, State, Zip Code Brandon, MS 39047		\$
Purpose of Disbursement (Optional) donation	Aggregate Year-to-date	\$ 500.00
A. Full name Frontier Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 13292	1/10/2009	\$ 3,929.99
City, State, Zip Code Jackson, MS 39236	12/14/2009	\$ 10,251.42
Purpose of Disbursement (Optional) fees	Aggregate Year-to-date	\$ See below

Name of Candidate or Committee Friends of Phil BryantReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name Frontier Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 13292	7/15/2009	\$ 1,586.06
City, State, Zip Code Jackson, MS 39236	7/14/2009	\$ 4,012.76
Purpose of Disbursement (Optional) fees	Aggregate Year-to-date	\$ See below
A. Full name Frontier Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 13292	9/5/2009	\$ 3,154.17
City, State, Zip Code Jackson, MS 39236	8/11/2009	\$ 9,920.01
Purpose of Disbursement (Optional) fees	Aggregate Year-to-date	\$ See below
A. Full name Frontier Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 13292	11/7/2009	\$ 10,774.60
City, State, Zip Code Jackson, MS 39236	10/12/2009	\$ 5,564.50
Purpose of Disbursement (Optional) fees	Aggregate Year-to-date	\$ See below
A. Full name Frontier Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 13292	4/10/2009	\$ 793.38
City, State, Zip Code Jackson, MS 39236	1/5/2009	\$ 1,2853.74
Purpose of Disbursement (Optional) Fees	Aggregate Year-to-date	\$ See below
A. Full name Frontier Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 13292	5/5/2009	\$ 3,500.75
City, State, Zip Code Jackson, MS 39236	4/7/2009	\$ 3,486.87
Purpose of Disbursement (Optional) Fees	Aggregate Year-to-date	\$ See below
A. Full name Frontier Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 13292	6/8/2009	\$ 4,026.49
City, State, Zip Code Jackson, MS 39236	2/25/2009	\$ 11,066.81
Purpose of Disbursement (Optional) Fees	Aggregate Year-to-date	\$ See below

Name of Candidate or Committee Friends of Phil BryantReporting period January 1, 2009 through December 31, 2009**ITEMIZED DISBURSEMENTS**

A. Full name Frontier Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 13292	3/15/2009	\$ 2,804.37
City, State, Zip Code Jackson, MS 39236	6/14/2009	\$ 1,857.13
Purpose of Disbursement (Optional) Fees	Aggregate Year-to-date	\$ 89,583.05
A. Full name GR Travis Reception Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 1188	11/1/2009	\$ 1000.00
City, State, Zip Code Raymond, MS 39154		\$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ 1000.00
A. Full name Great Southern Bike Expo	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1043 Monterey Road	3/7/2009	\$ 500.00
City, State, Zip Code Pearl, MS 39208		\$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ 500.00
A. Full name Greenbrook Flowers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 705 North State Street	12/14/2009	\$ 167.18
City, State, Zip Code Jackson, MS 39202	8/1/2009	\$ 93.03
Purpose of Disbursement (Optional) Memorials	Aggregate Year-to-date	\$ See below
A. Full name Greenbrook Flowers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 705 North State Street	2/25/2009	\$ 74.85
City, State, Zip Code Jackson, MS 39202	12/14/2009	\$ 157.23
Purpose of Disbursement (Optional) Memorials	Aggregate Year-to-date	\$ See below
A. Full name Greenbrook Flowers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 705 North State Street	3/31/2009	\$ 63.44
City, State, Zip Code Jackson, MS 39202	3/16/2009	\$ 87.95
Purpose of Disbursement (Optional) Memorials	Aggregate Year-to-date	\$ See below

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ITEMIZED DISBURSEMENTS

A. Full name Greenbrook Flowers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 705 North State Street	5/19/2009	\$ 247.42
City, State, Zip Code Jackson, MS 39202	4/10/2009	\$ 82.70
Purpose of Disbursement (Optional) Memorials	Aggregate Year-to-date	\$ 973.80
A. Full name Hilton Jackson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1001 East County Line Road	6/3/2009	\$ 327.68
City, State, Zip Code Jackson, MS 39211	7/16/2009	\$ 100.00
Purpose of Disbursement (Optional) Meeting expense	Aggregate Year-to-date	\$ 427.68
A. Full name Indianola Pecan House, Inc	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1013 Highway 82 East	1/12/2009	\$ 467.05
City, State, Zip Code Indianola, MS 38751		\$
Purpose of Disbursement (Optional) Gifts	Aggregate Year-to-date	\$ 467.05
A. Full name Kathy Henry	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 321 Avalon Way	7/8/2009	\$ 377.46
City, State, Zip Code Brandon, MS 39047	12/11/2009	\$ 130.00
Purpose of Disbursement (Optional) reimbursement	Aggregate Year-to-date	\$ See below
A. Full name Kathy Henry	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 321 Avalon Way	9/22/2009	\$ 84.53
City, State, Zip Code Brandon, MS 39047	7/21/2009	\$ 58.86
Purpose of Disbursement (Optional) reimbursement	Aggregate Year-to-date	\$ See below
A. Full name Kathy Henry	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 321 Avalon Way	12/11/2009	\$ 130.00
City, State, Zip Code Brandon, MS 39047		\$
Purpose of Disbursement (Optional) reimbursement	Aggregate Year-to-date	\$ 650.85

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ITEMIZED DISBURSEMENTS

A. Full name Kirk Sims	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4211 Brookdale Street	10/21/2009	\$ 212.00
City, State, Zip Code Jackson, MS 39206	7/8/2009	\$ 407.13
Purpose of Disbursement (Optional) reimbursement	Aggregate Year-to-date	\$ See below
A. Full name Kirk Sims	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4211 Brookdale Street	12/24/2009	\$ 201.50
City, State, Zip Code Jackson, MS 39206		\$
Purpose of Disbursement (Optional) reimbursement	Aggregate Year-to-date	\$ 820.63
A. Full name Madison Co. Republican Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 2201	1/28/2009	\$ 300.00
City, State, Zip Code Ridgeland, MS 39158		\$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ 300.00
A. Full name Mary Mahoney's	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 116 Rue Magnolia	7/20/2009	\$ 109.42
City, State, Zip Code Biloxi, MS 39530	10/15/2009	\$ 119.16
Purpose of Disbursement (Optional) Meeting expense	Aggregate Year-to-date	\$ See below
A. Full name Mary Mahoney's	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 116 Rue Magnolia	5/18/2009	\$ 295.65
City, State, Zip Code Biloxi, MS 39530		\$
Purpose of Disbursement (Optional) Meeting expense	Aggregate Year-to-date	\$ 524.23
A. Full name Mary Sue Douglas	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 416 Oak Bend Circle	8/29/2009	\$ 100.00
City, State, Zip Code Brandon, MS 39047	8/8/2009	\$ 80.00
Purpose of Disbursement (Optional) office work	Aggregate Year-to-date	\$ See below

Name of Candidate or Committee Friends of Phil BryantReporting period January 1, 2009 through December 31, 2009**ITEMIZED DISBURSEMENTS**

A. Full name Mary Sue Douglas	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 416 Oak Bend Circle	10/29/2009	\$ 150.00
City, State, Zip Code Brandon, MS 39047	9/30/2009	\$ 20.00
Purpose of Disbursement (Optional) office work	Aggregate Year-to-date	\$ See below
A. Full name Mary Sue Douglas	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 416 Oak Bend Circle	12/4/2009	\$ 90.00
City, State, Zip Code Brandon, MS 39047		\$
Purpose of Disbursement (Optional) office work	Aggregate Year-to-date	\$ 440.00
A. Full name Weidman's Restaurant	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 210 22 nd Avenue	12/22/2009	\$ 1,607.93
City, State, Zip Code Meridian, MS 39301		\$
Purpose of Disbursement (Optional) Food for event	Aggregate Year-to-date	\$ 1,607.93
A. Full name Mick Bullock	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1210 Quin Street	5/4/2009	\$ 27.95
City, State, Zip Code Jackson, MS 39202	7/22/2009	\$ 212.71
Purpose of Disbursement (Optional) Reimbursement	Aggregate Year-to-date	\$ See below
A. Full name Mick Bullock	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1210 Quin Street	2/6/2009	\$ 74.75
City, State, Zip Code Jackson, MS 39202		\$
Purpose of Disbursement (Optional) Reimbursement	Aggregate Year-to-date	\$ 315.38
A. Full name Mississippi Children's Museum	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 310 Lakeland Cove	3/17/2009	\$ 200.00
City, State, Zip Code Flowood, MS 39232		\$
Purpose of Disbursement (Optional) Event Ticket	Aggregate Year-to-date	\$ 200.00

Name of Candidate or Committee Friends of Phil BryantReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name Miss College Athletics	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 South College Street	5/14/2009	\$ 1,000.00
City, State, Zip Code Clinton, MS 39056		\$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ 1,000.00
A. Full name Miss House Republican Golf Classic	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 39043	6/19/2009	\$ 250.00
City, State, Zip Code Brandon, MS 39043		\$
Purpose of Disbursement (Optional) Donation - hole sponsor	Aggregate Year-to-date	\$ 250.00
A. Full name Mississippi Press Association	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 371 Edgewood Terrace	2/1/2009	\$ 575.00
City, State, Zip Code Jackson, MS 39206	2/11/2009	\$ 575.00
Purpose of Disbursement (Optional) Event Ticket	Aggregate Year-to-date	\$ 1150.00
A. Full name Miss Republican Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 60	4/17/2009	\$ 5000.00
City, State, Zip Code Jackson, MS 39205	4/11/2009	\$ 200.00
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ See below
A. Full name Miss Republican Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 450 Yazoo Street	8/25/2009	\$ 1,000.0
City, State, Zip Code Jackson, MS 39201		\$
Purpose of Disbursement (Optional) Capitol Foundation	Aggregate Year-to-date	\$ 6,200.00
A. Full name Miss. Commission on Volunteer Service	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3825 Ridgewood Road, Suite 601	4/7/2009	\$ 500.00
City, State, Zip Code Jackson, MS 39211		\$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ 500.00

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ITEMIZED DISBURSEMENTS

A. Full name Mission Mississippi	Date (Mo., Day, Year) 1/28/2009	Amount of each disbursement this period \$ 105
Mailing Address Post Office Box 22655		
City, State, Zip Code Jackson, MS 39225	4/28/2009	\$ 300
Purpose of Disbursement (Optional) Event Tickets	Aggregate Year-to-date	\$ 405
A. Full name MS Center for Public Policy	Date (Mo., Day, Year) 5/14/2009	Amount of each disbursement this period \$ 500
Mailing Address 520 George Street		
City, State, Zip Code Jackson, MS 39202	12/23/2009	\$ 100
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ 600
A. Full name Neshoba Democrat	Date (Mo., Day, Year) 7/20/2009	Amount of each disbursement this period \$ 750
Mailing Address Post Office Box 30		
City, State, Zip Code Philadelphia, MS 39350		\$
Purpose of Disbursement (Optional) fair times ad	Aggregate Year-to-date	\$ 750
A. Full name NRA- Central Mississippi Friends	Date (Mo., Day, Year) 8/12/2009	Amount of each disbursement this period \$ 325
Mailing Address 975 I-20 Frontage Road		
City, State, Zip Code Jackson, MS 39204		\$
Purpose of Disbursement (Optional) sponsorship	Aggregate Year-to-date	\$ 325
A. Full name NWR Football	Date (Mo., Day, Year) 8/14/2009	Amount of each disbursement this period \$ 500
Mailing Address 5805 Highway 25		
City, State, Zip Code Flowood, MS 39232	6/17/2009	\$ 300
Purpose of Disbursement (Optional) radio ad	Aggregate Year-to-date	\$ 800
A. Full name Old Waverly Golf Club	Date (Mo., Day, Year) 11/10/2009	Amount of each disbursement this period \$ 1,977.37
Mailing Address One Magnolia Drive		
City, State, Zip Code West Point, MS 39773		\$
Purpose of Disbursement (Optional) food for event	Aggregate Year-to-date	\$ 1,977.37

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ITEMIZED DISBURSEMENTS

A. Full name Southern Republican Leadership Conference	Date (Mo., Day, Year) 11/2/2009	Amount of each disbursement this period \$ 499
Mailing Address 12232 Industrial Drive		
City, State, Zip Code Baton Rouge, LA 70809		
Purpose of Disbursement (Optional) Registration for Event	Aggregate Year-to-date	\$ 499
A. Full name Petal Education Foundation	Date (Mo., Day, Year) 1/12/2009	Amount of each disbursement this period \$ 500
Mailing Address Post Office Box 948		
City, State, Zip Code Petal, MS 39465		
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ 500
A. Full name Phil Bryant	Date (Mo., Day, Year) 6/11/2009	Amount of each disbursement this period \$ 333.17
Mailing Address Post Office Box 5141		
City, State, Zip Code Brandon, MS 39047	5/19/2009	\$ 455.00
Purpose of Disbursement (Optional) Reimbursement	Aggregate Year-to-date	\$ See below
A. Full name Phil Bryant	Date (Mo., Day, Year) 4/20/2009	Amount of each disbursement this period \$ 90.90
Mailing Address Post Office Box 5141		
City, State, Zip Code Brandon, MS 39047	2/27/2009	\$ 151.72
Purpose of Disbursement (Optional) Reimbursement	Aggregate Year-to-date	\$ 1,030.79
A. Full name Pickett Printing	Date (Mo., Day, Year) 8/3/2009	Amount of each disbursement this period \$ 375.00
Mailing Address Post Office Box 337		
City, State, Zip Code Raymond, MS 39154		
Purpose of Disbursement (Optional) printing	Aggregate Year-to-date	\$ 375.00
A. Full name Politicap LLC	Date (Mo., Day, Year) 10/26/2009	Amount of each disbursement this period \$ 2500
Mailing Address 118 Providence Drive		
City, State, Zip Code Madison, MS 39110	8/20/2009	\$ 2500
Purpose of Disbursement (Optional) commission draw	Aggregate Year-to-date	\$ See below

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ITEMIZED DISBURSEMENTS

A. Full name Politicap, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 118 Providence Drive	7/1/2009	\$ 2500
City, State, Zip Code Madison, MS 39110	12/1/2009	\$ 2500
Purpose of Disbursement (Optional) commission draw	Aggregate Year-to-date	\$ See below
A. Full name Politicap, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 118 Providence Drive	9/26/2009	\$ 2500
City, State, Zip Code Madison, MS 39110	7/30/2009	\$ 2500
Purpose of Disbursement (Optional) commission draw	Aggregate Year-to-date	\$ 15,000
A. Full name Pro-Life Mississippi	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 618 Briarwood Drive	2/2/2009	\$ 100
City, State, Zip Code Jackson, MS 39211	7/15/2009	\$ 100
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ 200
A. Full name Rankin Co. Republican Executive Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4 River Bend	11/9/2009	\$ 1000
City, State, Zip Code Flowood, MS 39232		\$
Purpose of Disbursement (Optional) donation for event	Aggregate Year-to-date	\$ 1000
A. Full name Salvation Army	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 31954	10/13/2009	\$ 1250.00
City, State, Zip Code Jackson, MS 39286		\$
Purpose of Disbursement (Optional) donation	Aggregate Year-to-date	\$ 1250.00
A. Full name Schimell's	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2615 North State Street	3/11/2009	\$ 500.00
City, State, Zip Code Jackson, MS 39216		\$
Purpose of Disbursement (Optional) Meeting expense	Aggregate Year-to-date	\$ 500.00

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A. Full name Sheriff's Annual Gospel Sing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 6935	7/15/2009	\$ 250.00
City, State, Zip Code Gulfport, MS 39506		\$
Purpose of Disbursement (Optional) donation	Aggregate Year-to-date	\$ 250.00
A. Full name Southern Oaks	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1246 Richburg Road	10/27/2009	\$ 2547.49
City, State, Zip Code Hattiesburg, MS 39402		\$
Purpose of Disbursement (Optional) event	Aggregate Year-to-date	\$ 2547.49
A. Full name Special Olympics	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Olympic Way	3/10/2009	\$ 200.00
City, State, Zip Code Madison, MS 39110		\$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ 200.00
A. Full name Stor-it Storage King	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5491 Plaza Drive	10/10/2009	\$ 146.00
City, State, Zip Code Flowood, MS 39232	9/5/2009	\$ 146.00
Purpose of Disbursement (Optional) storage rental	Aggregate Year-to-date	\$ See below
A. Full name Stor-It Storage Kings	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5491 Plaza Drive	8/1/2009	\$ 146.00
City, State, Zip Code Flowood, MS 39232	7/2/2009	\$ 146.00
Purpose of Disbursement (Optional) Storage rental	Aggregate Year-to-date	\$ See below
A. Full name Stor-it Storage Kings	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5491 Plaza Drive	12/11/2009	\$ 146.00
City, State, Zip Code Flowood, MS 39232	11/7/2009	\$ 146.00
Purpose of Disbursement (Optional) storage rental	Aggregate Year-to-date	\$ See below

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ITEMIZED DISBURSEMENTS

A. Full name Stor-it Storage Kings	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5491 Plaza Drive	3/31/2009	\$ 145.00
City, State, Zip Code Flowood, MS 39232	3/1/2009	\$ 70.00
Purpose of Disbursement (Optional) storage rental	Aggregate Year-to-date	\$ See below
A. Full name Stor-it Storage Kings	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5491 Plaza Drive	1/10/2009	\$ 140.00
City, State, Zip Code Flowood, MS 39232	2/16/2009	\$ 145.00
Purpose of Disbursement (Optional) Storage Rental	Aggregate Year-to-date	\$ See below
A. Full name Stor-It Storage Kings	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5491 Plaza Drive	5/4/2009	\$ 140.00
City, State, Zip Code Flowood, MS 39232	1/10/2009	\$ 67.34
Purpose of Disbursement (Optional) storage rental	Aggregate Year-to-date	\$ See below
A. Full name Stor-It Storage Kings	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5491 Plaza Drive	6/8/2009	\$ 140.00
City, State, Zip Code Flowood, MS 39232		\$
Purpose of Disbursement (Optional) storage rental	Aggregate Year-to-date	\$ 1,723.34
A. Full name The Capital Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 1432	2/25/2009	\$ 114.27
City, State, Zip Code Jackson, MS 39215	12/16/2009	\$ 44.24
Purpose of Disbursement (Optional) Meeting expense	Aggregate Year-to-date	\$ See below
A. Full name The Capital Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 1432	8/11/2009	\$ 24.06
City, State, Zip Code Jackson, MS 39215	7/8/2009	\$ 20.45
Purpose of Disbursement (Optional) meeting expense	Aggregate Year-to-date	\$ See below

Name of Candidate or Committee Friends of Phil BryantReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name The Capital Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 1432	5/20/2009	\$ 33.50
City, State, Zip Code Jackson, MS 39215	1/10/2009	\$ 417.90
Purpose of Disbursement (Optional) Meeting expense	Aggregate Year-to-date	\$ See below
A. Full name The Capital Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 1432	9/5/2009	\$ 47.27
City, State, Zip Code Jackson, MS 39215		\$
Purpose of Disbursement (Optional) meeting expense	Aggregate Year-to-date	\$ 701.69
A. Full name The Hull Foundation	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 1393	4/10/2009	\$ 250.00
City, State, Zip Code Starkville, MS 39760		\$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ 250.00
A. Full name U Name It	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3486 King Road	1/12/2009	\$ 1499.19
City, State, Zip Code Liberty, MS 39645	8/19/2009	\$ 1584.35
Purpose of Disbursement (Optional) Gifts	Aggregate Year-to-date	\$ 3083.54
A. Full name USM	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 118 College Drive	7/8/2009	\$ 75.00
City, State, Zip Code Hattiesburg, MS 39406	2/26/2009	\$ 500.00
Purpose of Disbursement (Optional) donation	Aggregate Year-to-date	\$ See below
A. Full name USM	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 118 College Drive	2/6/2009	\$ 150.00
City, State, Zip Code Hattiesburg, MS 39406	2/6/2009	\$ 50.00
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ See below

Name of Candidate or Committee Friends of Phil BryantReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
USM		
Mailing Address 118 College Drive	3/31/2009	\$ 250.00
City, State, Zip Code Hattiesburg, MS 39406	3/31/2009	\$ 300.00
Purpose of Disbursement (Optional) Event Ticket	Aggregate Year-to-date	\$ 1,325.00
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
USPS		
Mailing Address 600 Grants Ferry	7/20/2009	\$ 250.00
City, State, Zip Code Brandon, MS 39047		\$
Purpose of Disbursement (Optional) deposit to 295 account	Aggregate Year-to-date	\$ See below
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
USPS		
Mailing Address 600 Grants Ferry	8/7/2009	\$ 176.00
City, State, Zip Code Brandon, MS 39047	7/15/2009	\$ 88.00
Purpose of Disbursement (Optional) stamps	Aggregate Year-to-date	\$ See below
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
USPS		
Mailing Address 600 Grants Ferry	9/12/2009	\$ 44.00
City, State, Zip Code Brandon, MS 39047		\$
Purpose of Disbursement (Optional) Box rental	Aggregate Year-to-date	\$ See below
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
USPS		
Mailing Address 600 Grants Ferry	9/12/2009	\$ 185.00
City, State, Zip Code Brandon, MS 39047		\$
Purpose of Disbursement (Optional) Business Reply Mail fee	Aggregate Year-to-date	\$ See below
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
USPS		
Mailing Address 600 Grants Ferry	10/30/2009	\$ 176.00
City, State, Zip Code Brandon, MS 39047		\$
Purpose of Disbursement (Optional) Postal Expenses	Aggregate Year-to-date	\$ See below

Name of Candidate or Committee Friends of Phil BryantReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name USPS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 105 Hogg Creek Drive	12/18/2009	\$ 70.00
City, State, Zip Code Flowood, MS 39232		\$
Purpose of Disbursement (Optional) box rental	Aggregate Year-to-date	\$ See below
A. Full name USPS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 600 Grants Ferry	6/9/2009	\$ 88.00
City, State, Zip Code Brandon, MS 39047	1/2/2009	\$ 168.00
Purpose of Disbursement (Optional) stamps	Aggregate Year-to-date	\$ See below
A. Full name USPS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 105 Hogg Creek Drive	1/2/2009	\$ 70.00
City, State, Zip Code Flowood, MS 39232		\$
Purpose of Disbursement (Optional) box rental	Aggregate Year-to-date	\$ 1315.00
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$